

Name
in
Full

Samuel S Acton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age 73	Birth- place	Maine
Married, Single or Widowed	Married	Occupation			
Name of Wife or Husband	Alice M Acton				
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown	64	Mother's Birthplace	Unknown	
Name of person giving Information	Alice M Acton		How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	37 day
Secondary		How long	37 day
Immediate			
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Frederick L. Ke
		Address	914 N Charles St
Accident or Suicide?			



Name
in
Full

Elizabeth Anderson

CERTIFICATE OF DEATH

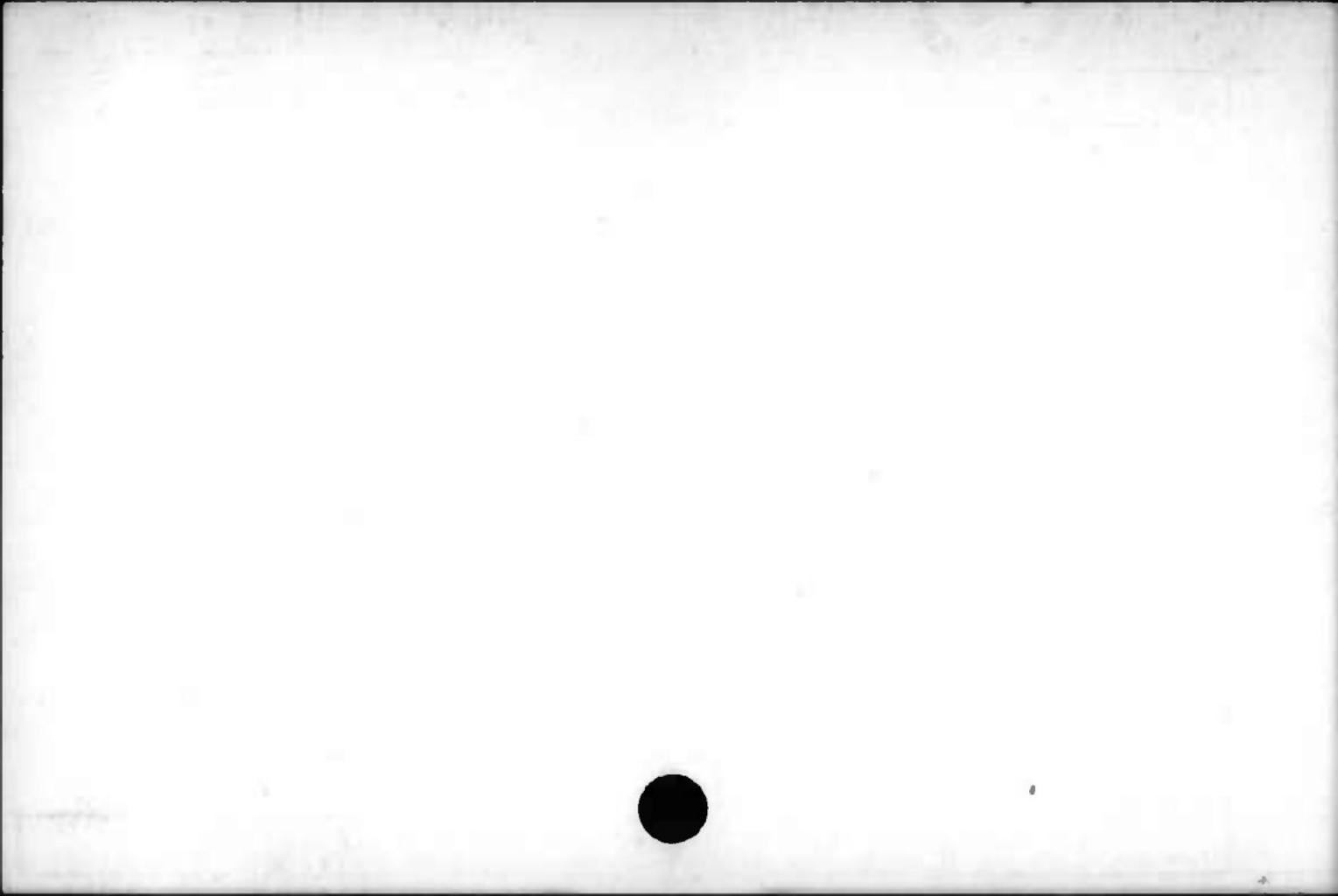
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Septem	Day 2	Years —	Months 4	Days —
Sex Female	Color or Race Negro	Age —	Birthplace A.A. Co		
Occupation —	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name James Anderson	Father's Birthplace Calvert Co Md				
Mother's Maiden Name Queen Diggs	Mother's Birthplace				
Name of person giving information	How related to deceased d.f.co				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Leething Diarrhoea	How long 4 mos
Immediate	" Reported by Parent	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. Jno. Ridout
Attended by		Address Annapolis
Accident or Suicide?		Dr. H.W. Register



Name
in
Full

Sarah Brogden

CERTIFICATE OF DEATH

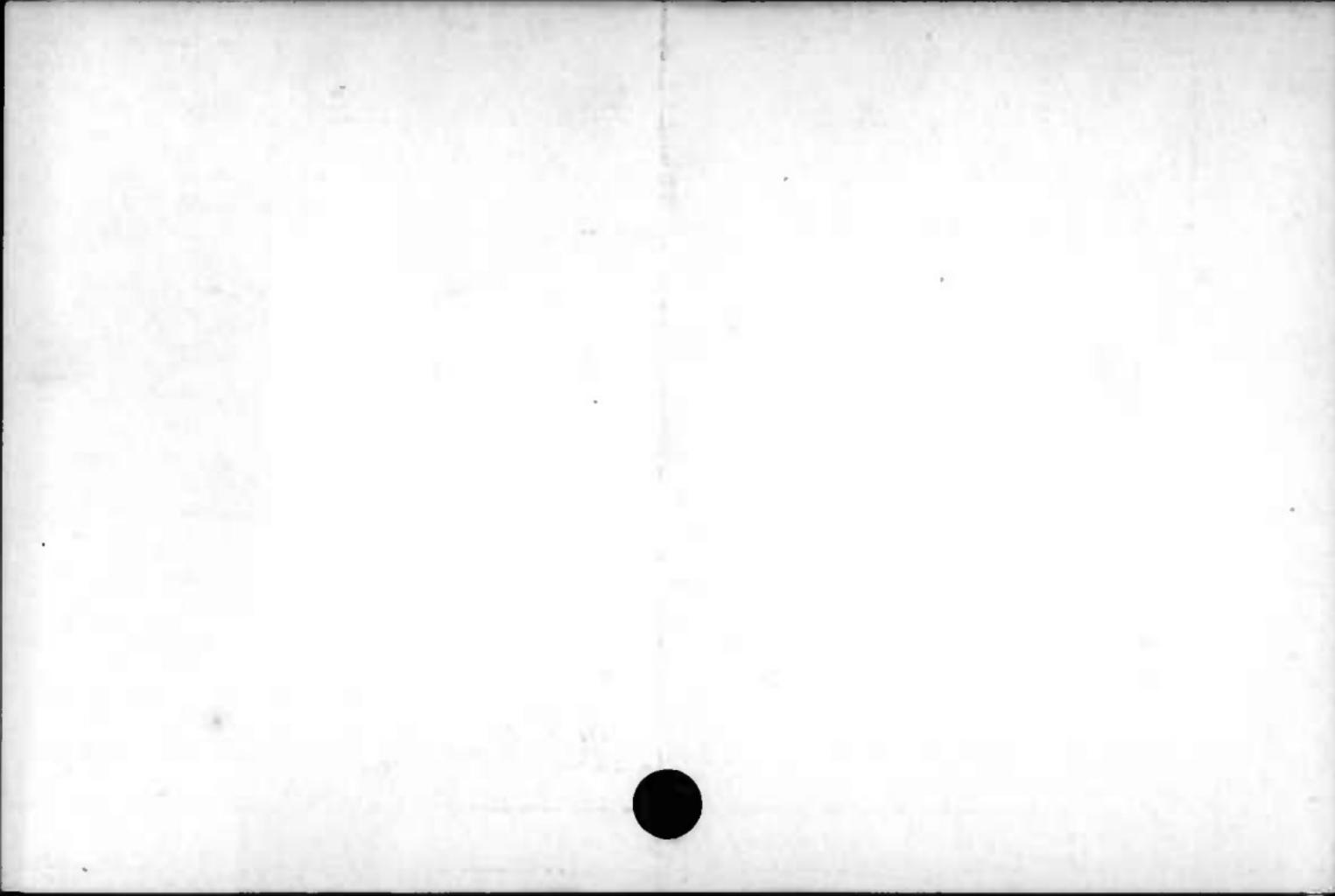
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month September	Day 9	Years 70
Sex Female	Color or Race African	Birth-place Anne Arundel Co	Months Days
Married, Single or Widow	Occupation		
Name of Wife or Husband			
Father's Name	Doris Brown 154		
Mother's Maiden Name	Doris Brown		
Name of person giving Information	Kay Neighbor Friend		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	General debility	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?		



Name
in
Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death 1903	Month Sept	Day 10 th	Years	Months	Days
Sex Female	Color or Race Colored	Occupation	88 Calvert St,		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Charles Brown	Father's Birthplace	Annapolis		
Mother's Maiden Name	Katherine Brown	Mother's Birthplace	Annapolis		
Name of person giving Information	Elizabeth Rendall	How related to deceased	Midwife		

CAUSES OF DEATH

Primary

Still-born

How long

Immediate

How long

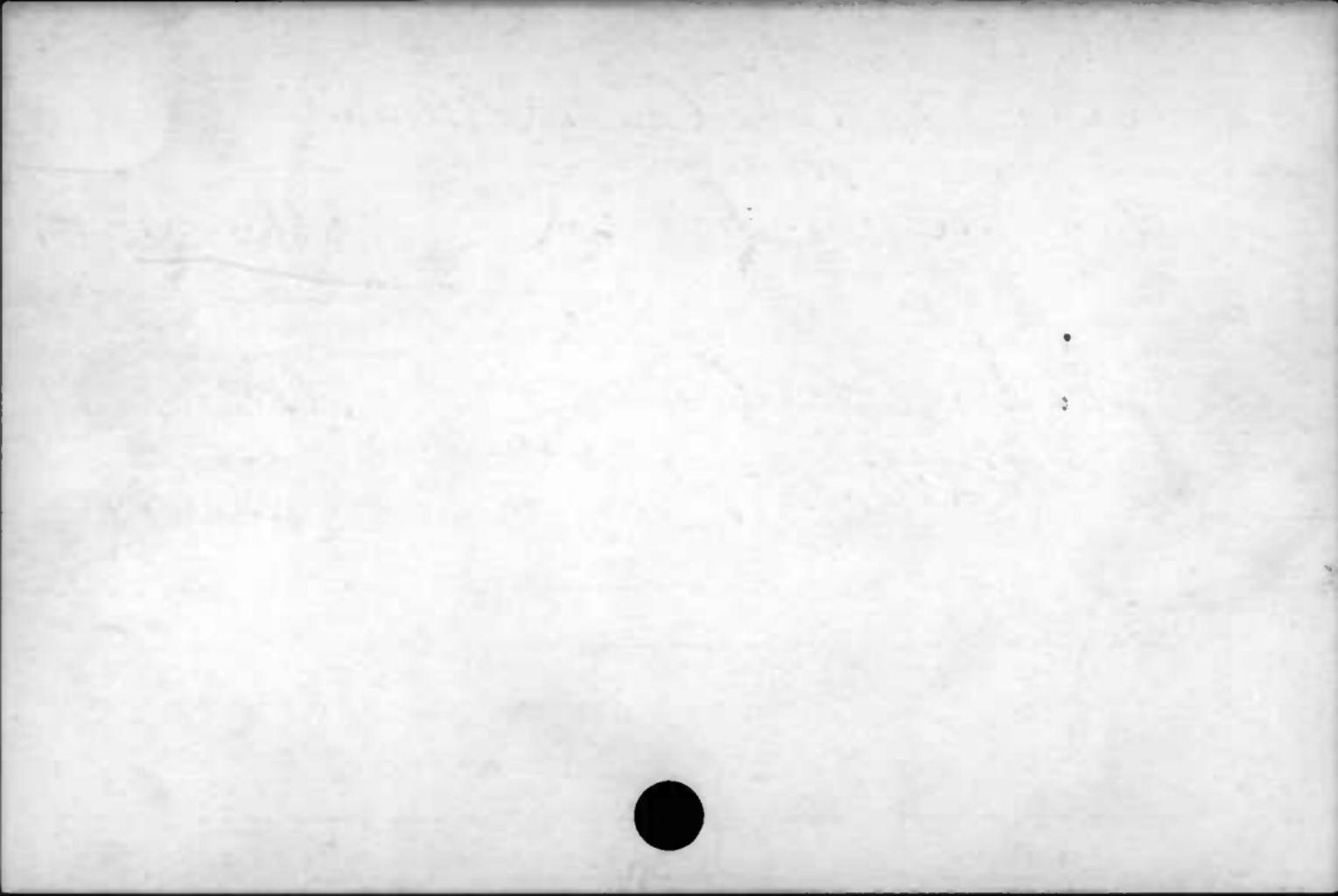
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Elizabeth Rendall
Midwife

Accident or Suicide?



Name
in
Full

Sudie Buller

CERTIFICATE OF DEATH

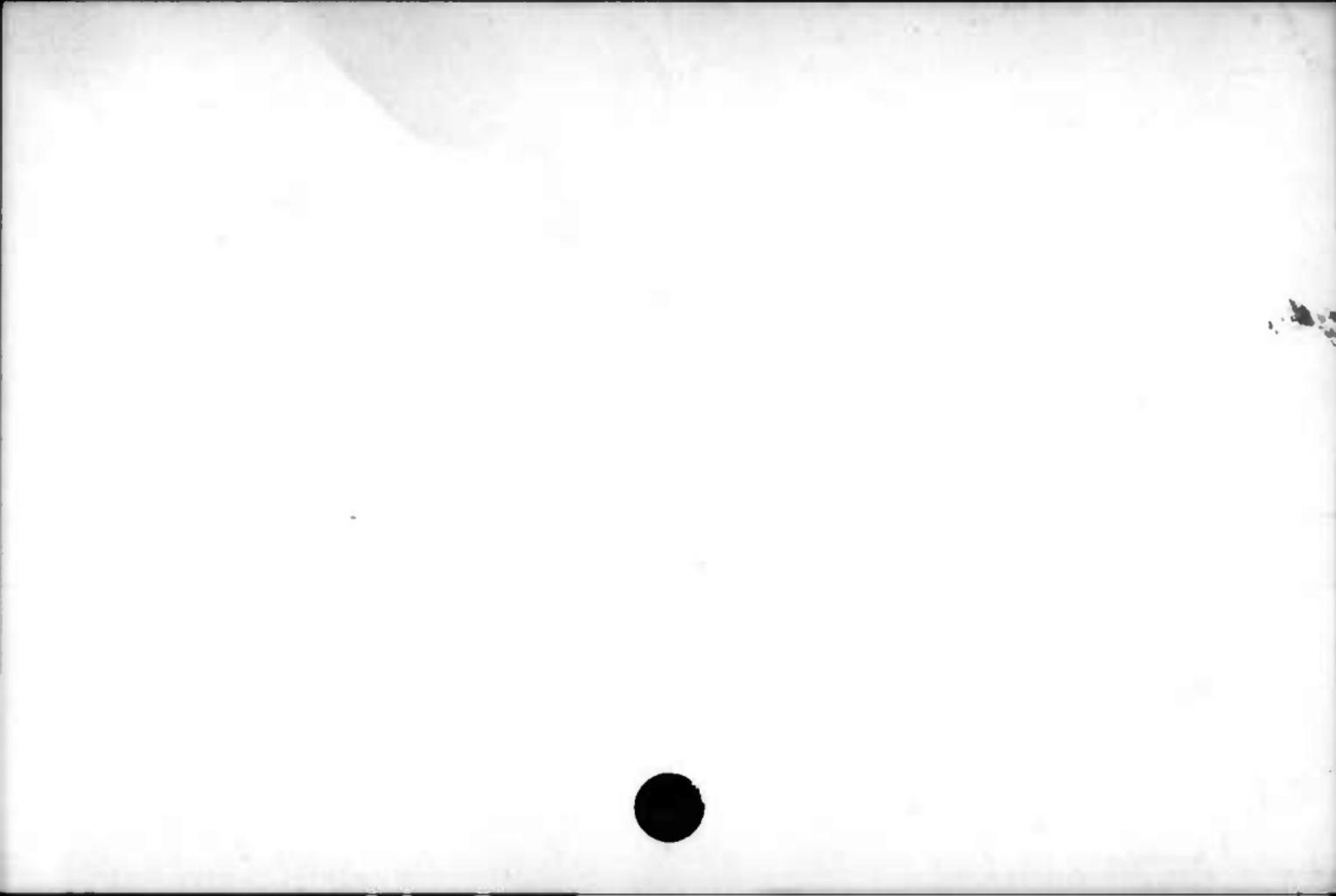
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1903	Sept	3	Age 49	8	
Sex	Color or Race	Birth-place			
Female	White	Maryland			
Occupation	Where Residing if not at place of death				
Housewife	South River				
Married, Single or Widowed	Name of Wife or Husband	Samuel Buller			
Married	Thomas Purdy	Father's Birthplace	Maryland		
Father's Name	Rebecca Fowler	Mother's Birthplace	Anne Arundel		
Mother's Maiden Name	Ramley Smith	How related to deceased	Son in law		
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Phthisis	How long	2 years
Immediate	Tuberculosis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Collinson
yes		Address	South River Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

John Day

CERTIFICATE OF DEATH

Died at <u>Hawkins Paint</u> Top				County		
Date of death 1903	Month 9	Day 2	Years Age 15 -	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Washington D.C.</u>				
Married, Single or Widowed		Occupation <u>Sailor</u>				
Name of Wife or Husband						
Father's Name	<u>Fredrick Day</u> ✓				Father's Birthplace <u>N.Y.</u>	
Mother's Maiden Name	<u>Mary Rebelski</u>				Mother's Birthplace <u>Germany</u>	
Name of person giving Information	<u>Annie Savitryer</u>				How related to deceased <u>Sister</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Drowned

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

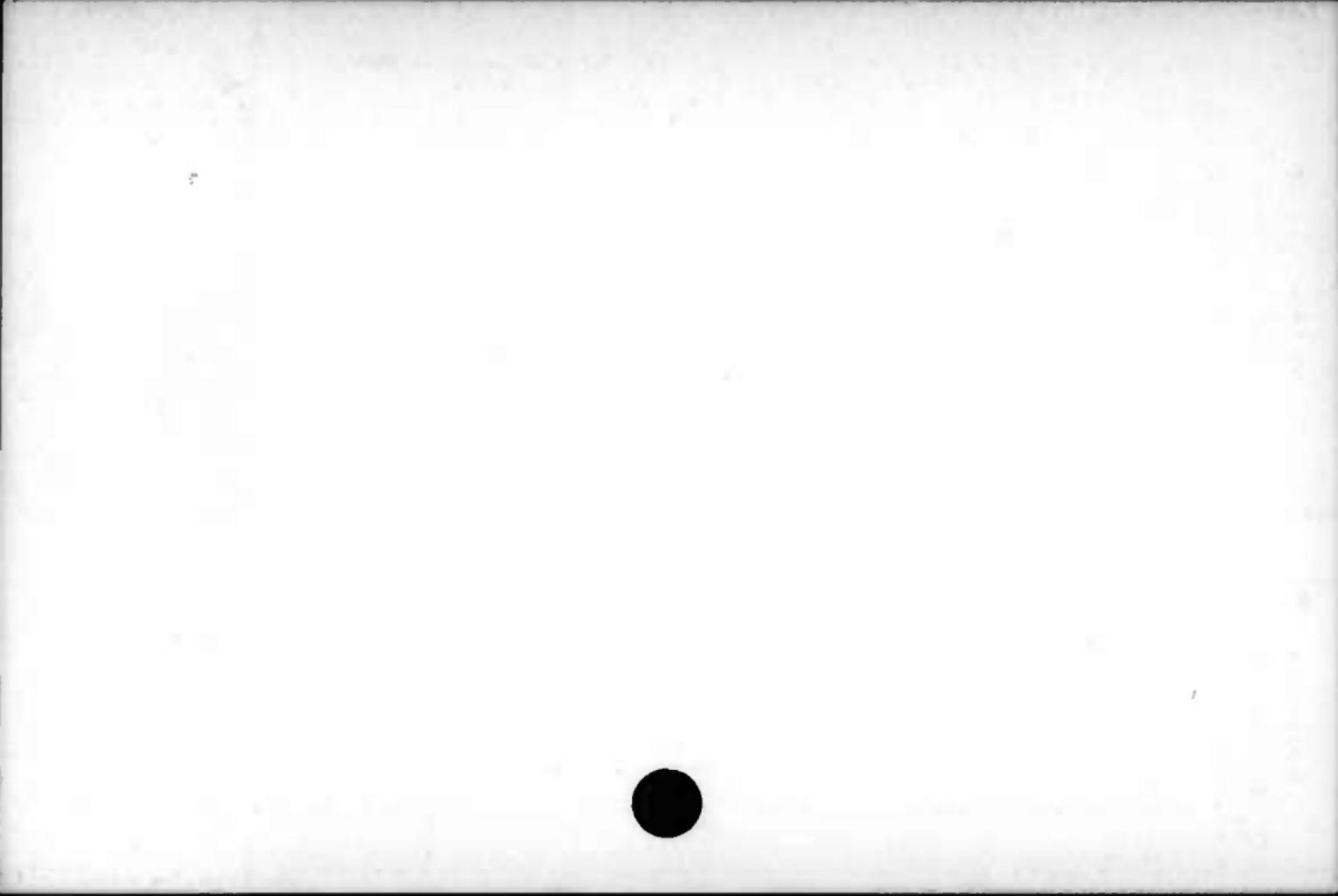
yes

Signature of
Physician

Address

H. L. Hawkins Esq
Brooklyn N.Y.

Accident or Suicide?



Name
in
Full

Thomas Day

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Sept	Day 1 st	Age 3	Years	Months 3	Days
Sex Male	Color or Race colored	Birth- place Annapolis				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	George Day	bl.	Father's Birthplace	Atabo.		
Mother's Maiden Name	Kate Mathews		Mother's Birthplace	Annapolis		
Name of person giving Information	Mother	-	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

Five days

Immediate

Are the name, age, sex, color, date
and place correctly given above?

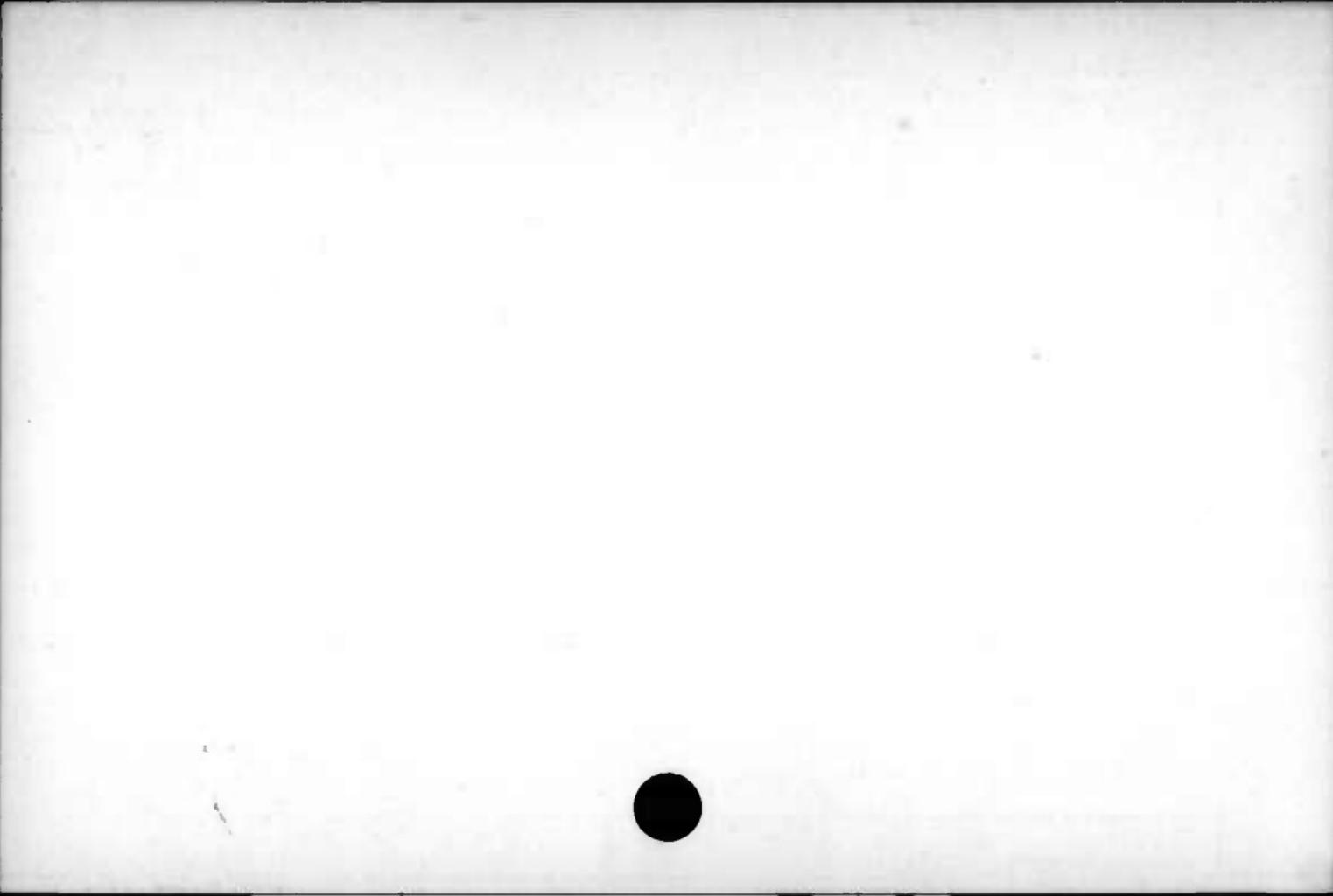
Signature of
Physician

yes

Address

D N E Campbell
Annapolis
Md

Accident or Suicide?



Name
in
Full

Chas Henry Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 9	Day 17	Years —	Months —	Days 15
Sex Male	Color or Race Col	Occupation —	Birth-place Baltimore		
Married, Single or Widowed Single				Father's Birthplace Md	Mother's Birthplace Md
Name of Wife or Husband —	Washington C Dorsey		How related to deceased Father		
Father's Name	Sarah a brook				
Mother's Maiden Name					
Name of person giving information W. C Dorsey					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Convulsions

How long 2 days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

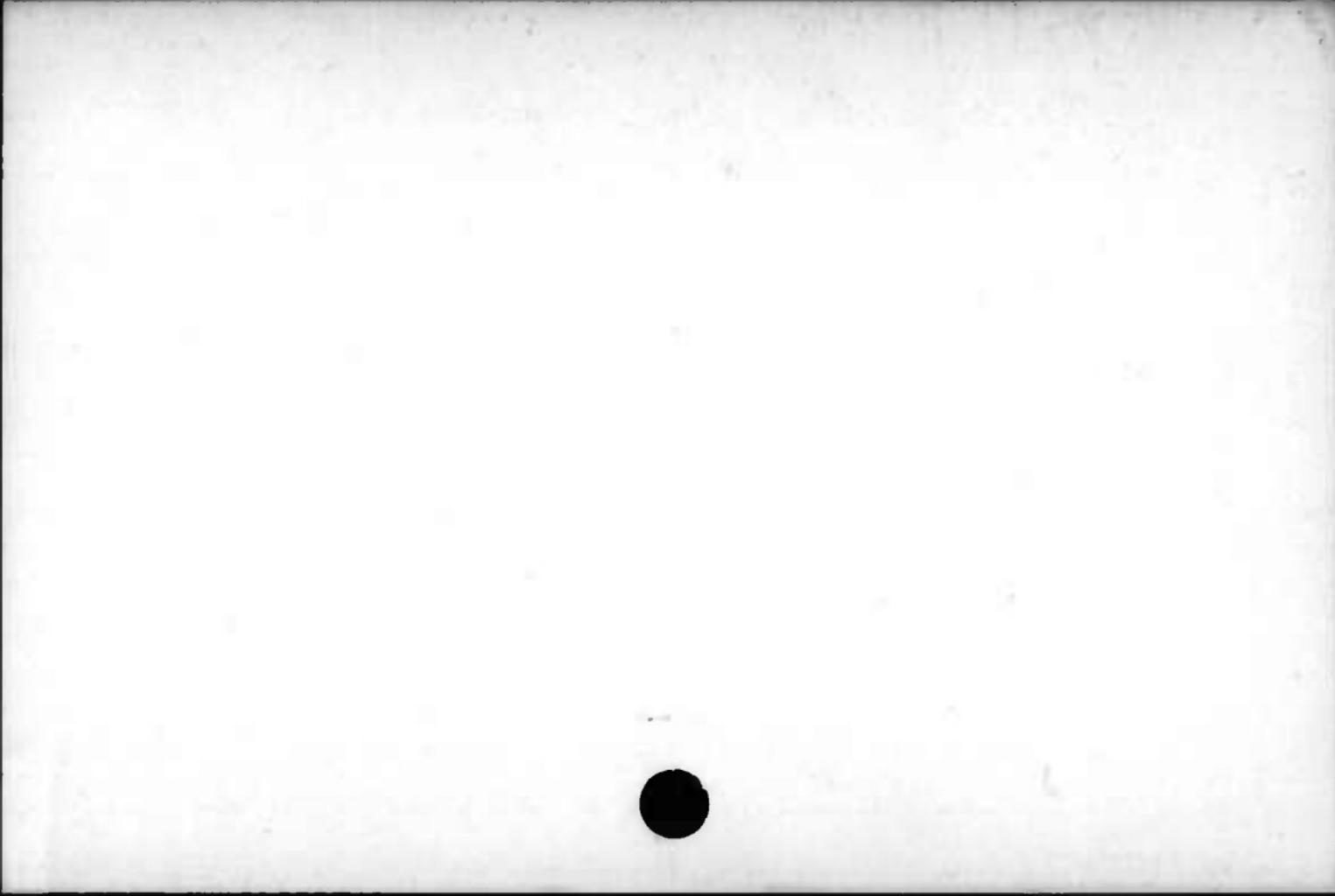
Yes

Signature of Physician

Address

Chas St. Brook
Brooklyn 7th

Accident or Suicide?



Name
in
Full

Mary Dmorkowski

CERTIFICATE OF DEATH

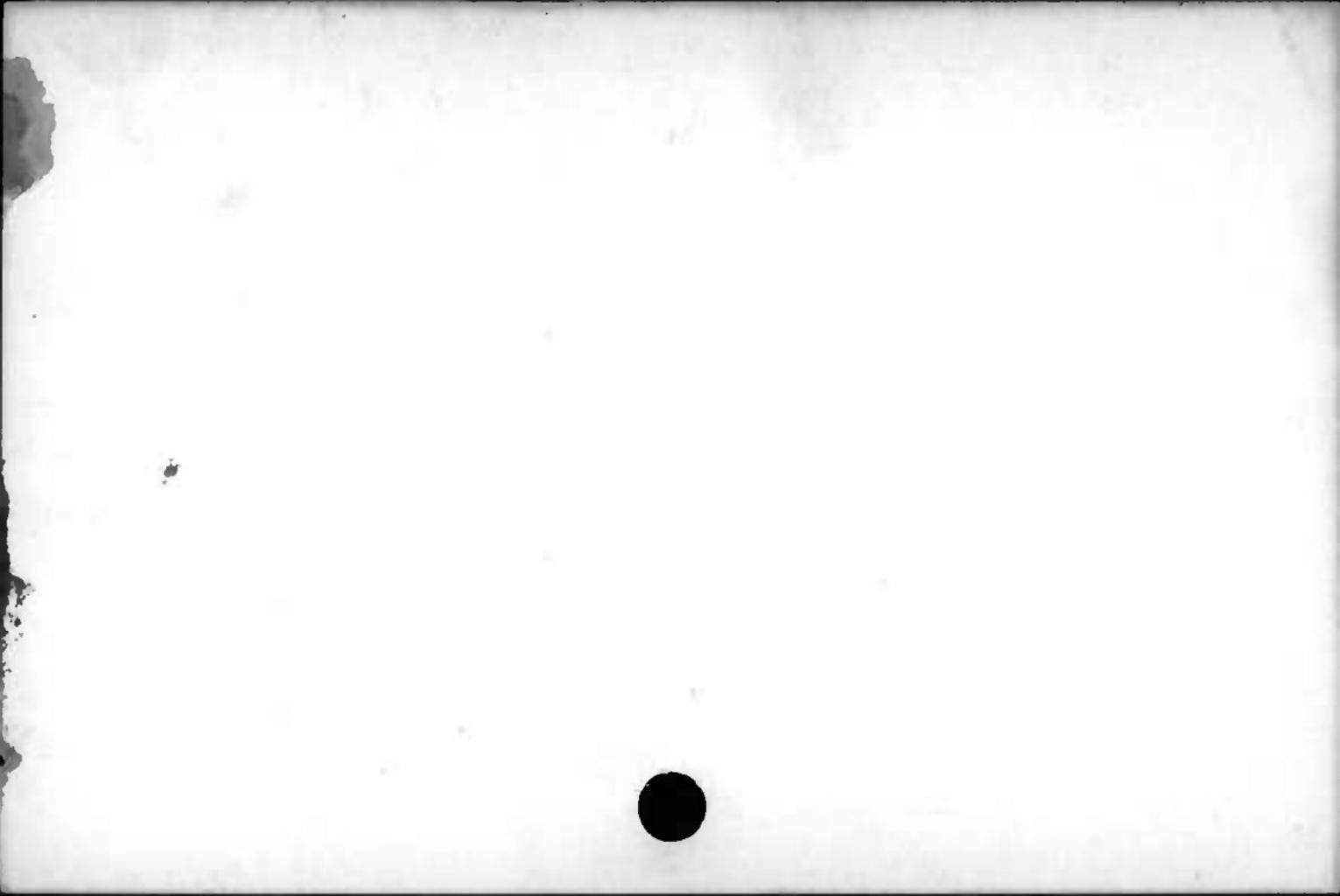
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Age	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	104		
Father's Name	John Dmorkowski	Father's Birthplace	Austria	
Mother's Maiden Name	Sophia Kazimer	Mother's Birthplace	Austria	
Name of person giving information	John Dmorkowski	How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Indigestion	How long	26 hours
Immediate	Convulsions	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. Boston M.
		Address	St. Balto, Md -
Accident or Suicide			



Name
in
Full

Bartholomew J. Esmonds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
Annapolis		Anne Arundel				MARYLAND
Date of death 1903	Month Sept	Day 34	Age 34.	Years	Months	Days
Sex Males	Color or Race White	Birth-place Annapolis				
Married, Single or Widowed Singles	Occupation Plumber					
Name of Wife or Husband						
Father's Name Harry Esmonds, Jr.	Father's Birthplace Ireland					
Mother's Maiden Name Mary Riley —	Mother's Birthplace " "					
Name of person giving information Elizabeth Esmonds,	How related to deceased Sister					

CAUSES OF DEATH

Primary

weak heart

How long

—

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Charles G. Feldmeier

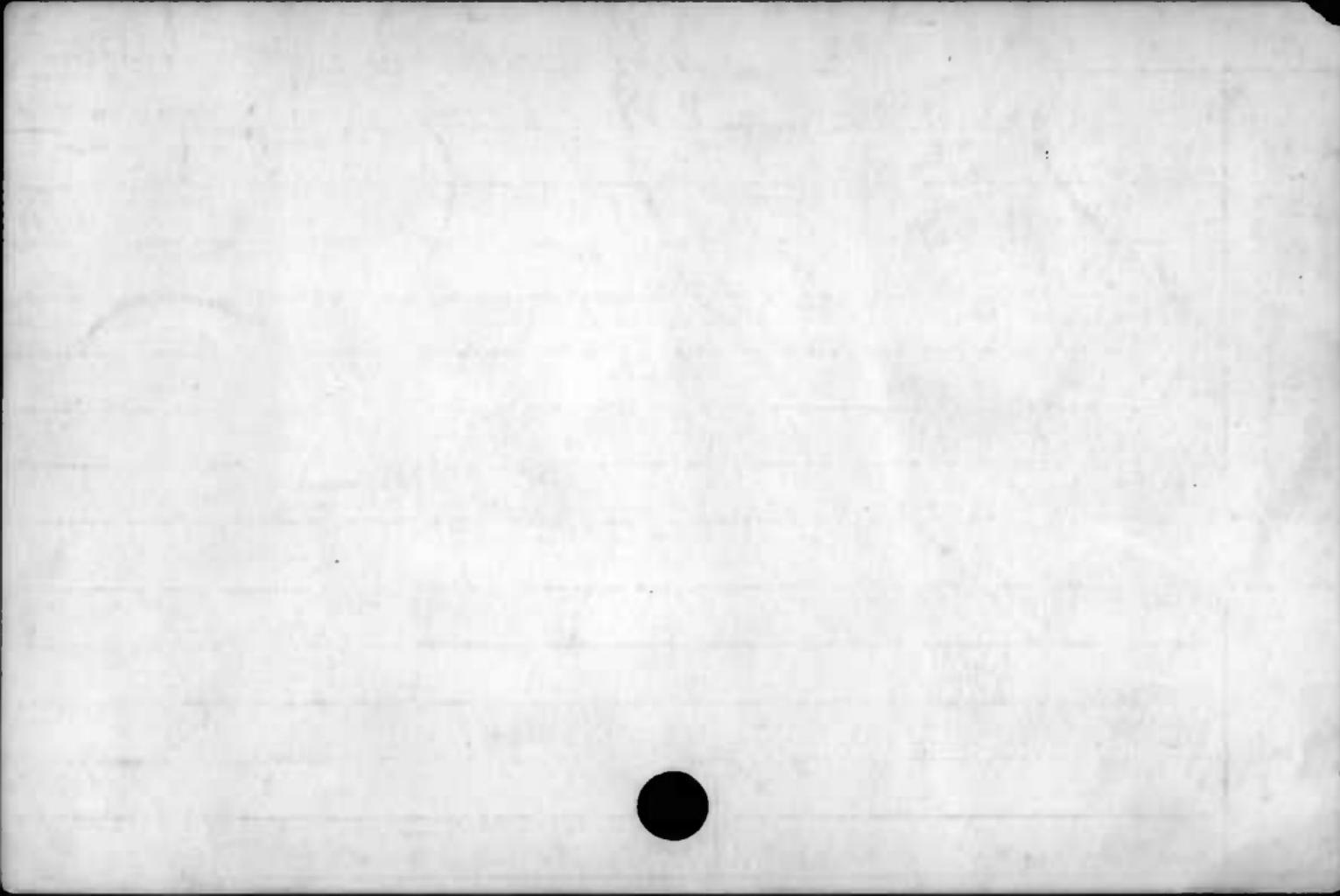
Address

Annapolis Md.

Justice of the Peace

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary Galenbaus

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Female	Color or Race	white	Birth-place	Cast Brooklyn
Married, Single or Widowed	Single	Occupation	Child		
Name of Wife or Husband	Valentia Galenbaus	Father's Name	q.	Father's Birthplace	Germany
Mother's Maiden Name	Josephine	Mother's Name	q.	Mother's Birthplace	Germany
Name of person living In formation	Valentia Galenbaus	How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Syphilitic

How long

4 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

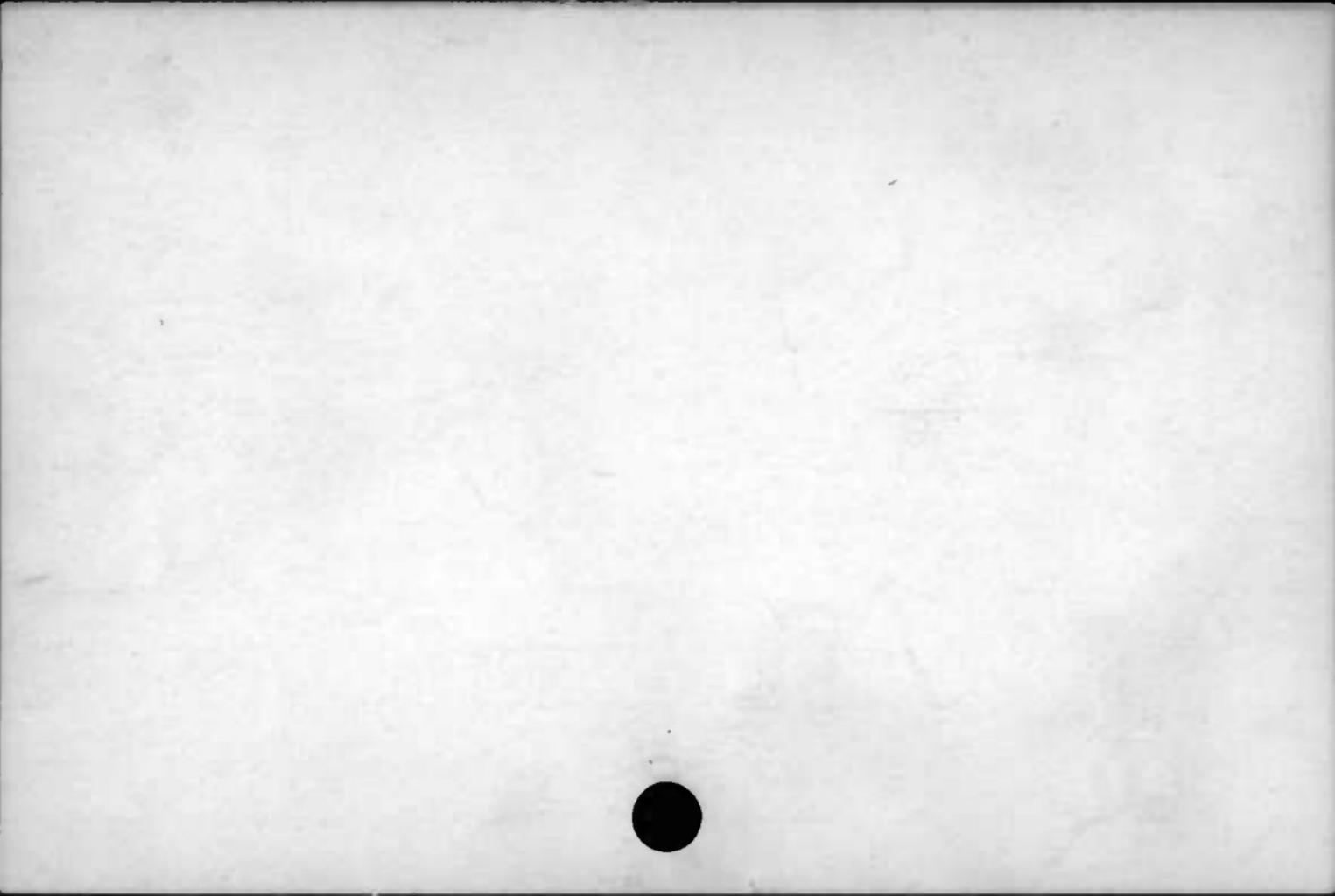
Signature of
Physician

Address

J.B. Robinson
Brooklyn Med

No

Accident or Suicide?



Name
in
Full

Wm Edward Gaskins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace
Mother's Maiden Name	Rosella Chisley	Mother's Birthplace	Woodwardville
Name of person giving information	John Gaskins	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia
Suffocation

How long

1 week

Immediate

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

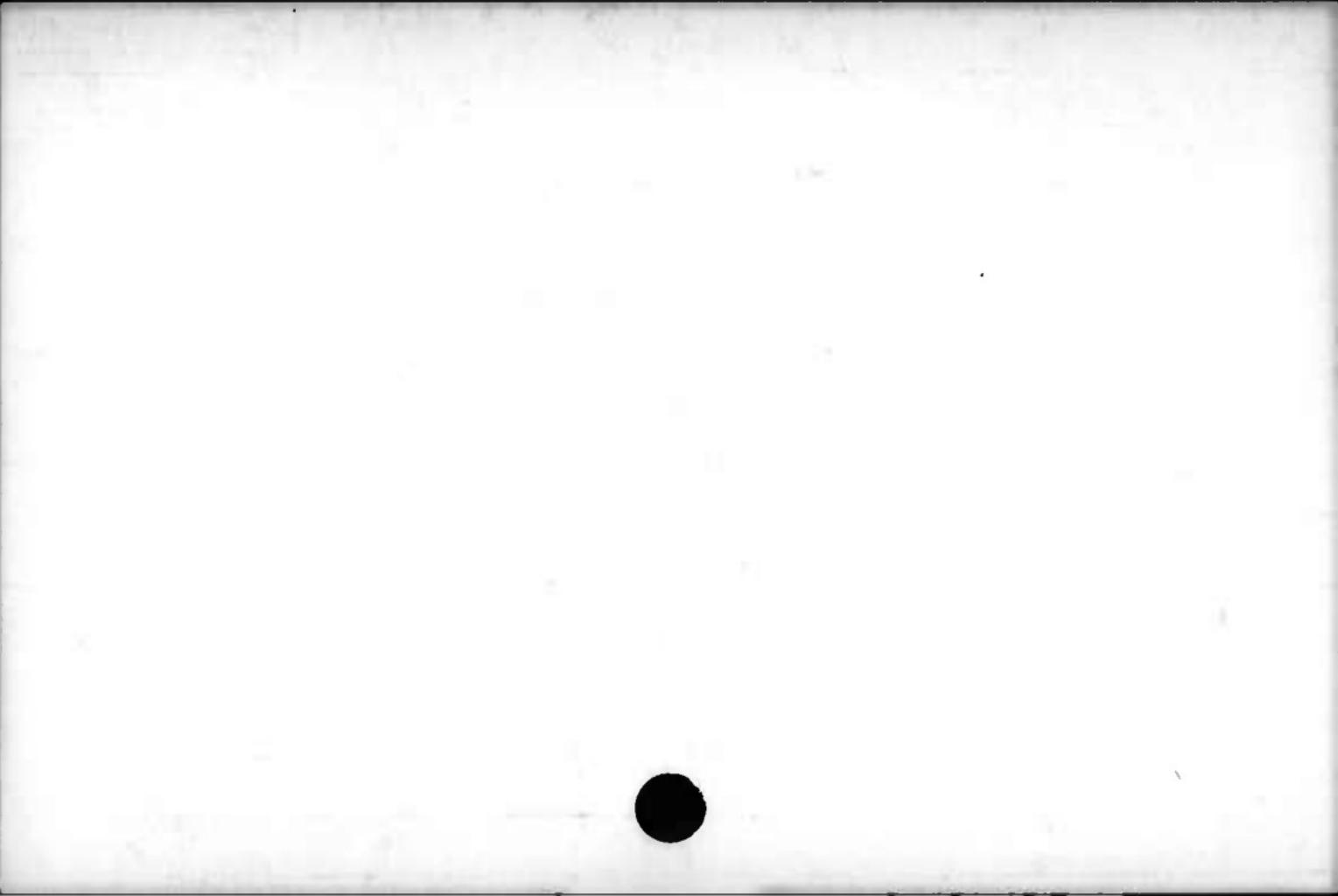
Yes

Signature of Physician

Address

J. M. Dubois Jr.
Gambrells
Old

Accident or Suicide?



Name
in
Full

Norman Gottee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Sept	Day 7 th	Years	Months 4	Days 23
Sex male	Color or Race White	Occupation	Birth-place	City	
Married, Single or Widowed				Father's Birthplace	City
Name of Wife or Husband				Mother's Birthplace	City
Father's Name	George L. Gottee			How related to deceased	City
Mother's Maiden Name	Julia Stevenson				
Name of person giving information	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Menasness
Exhaustion

How long

Months

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

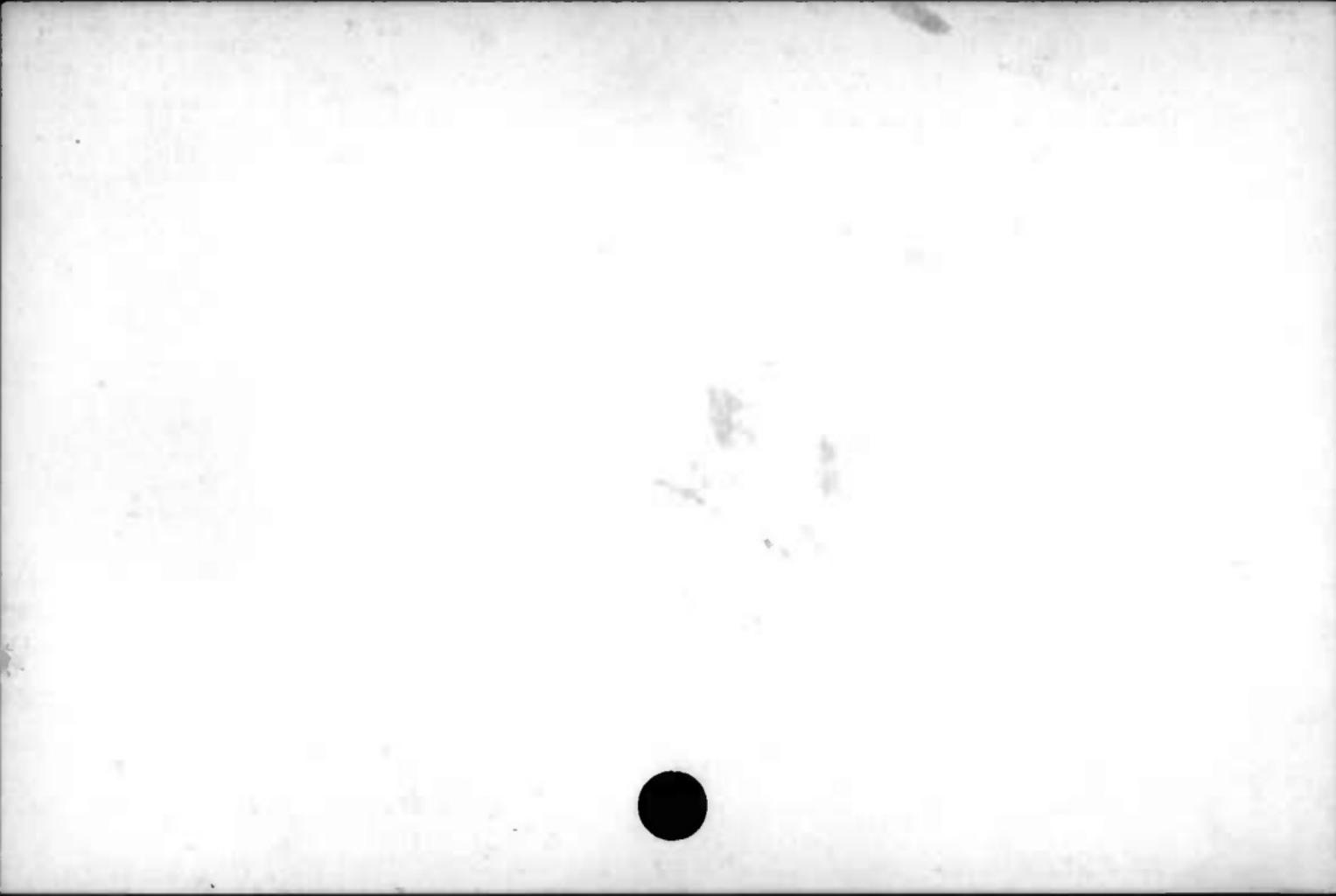
Address

S. S. Leffman M.D.

yes

Annapolis
Md

Accident or Suicide?



Name
in
Full

Mary Standestry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	At		
Died at	Annapolis	County	At		
Date of death	Month	Day	Age	Years	Months Days
of death 1903	Sep 20	Sunday	12	11	Days
Sex	Female	Color or Race	White	Birth-place	At bo.
Married, Single or Widowed	Married	Occupation	School Girl		
Name of Wife or Husband	Elinor				
Father's Name	Samuel W. Standestry	Father's Birthplace	At bo.		
Mother's Maiden Name	Ellen Crosby	Mother's Birthplace	At bo.		
Name of person giving information	Father	How related to deceased			

CAUSES OF DEATH

Primary

Burn shot wound

How long

5 min.

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

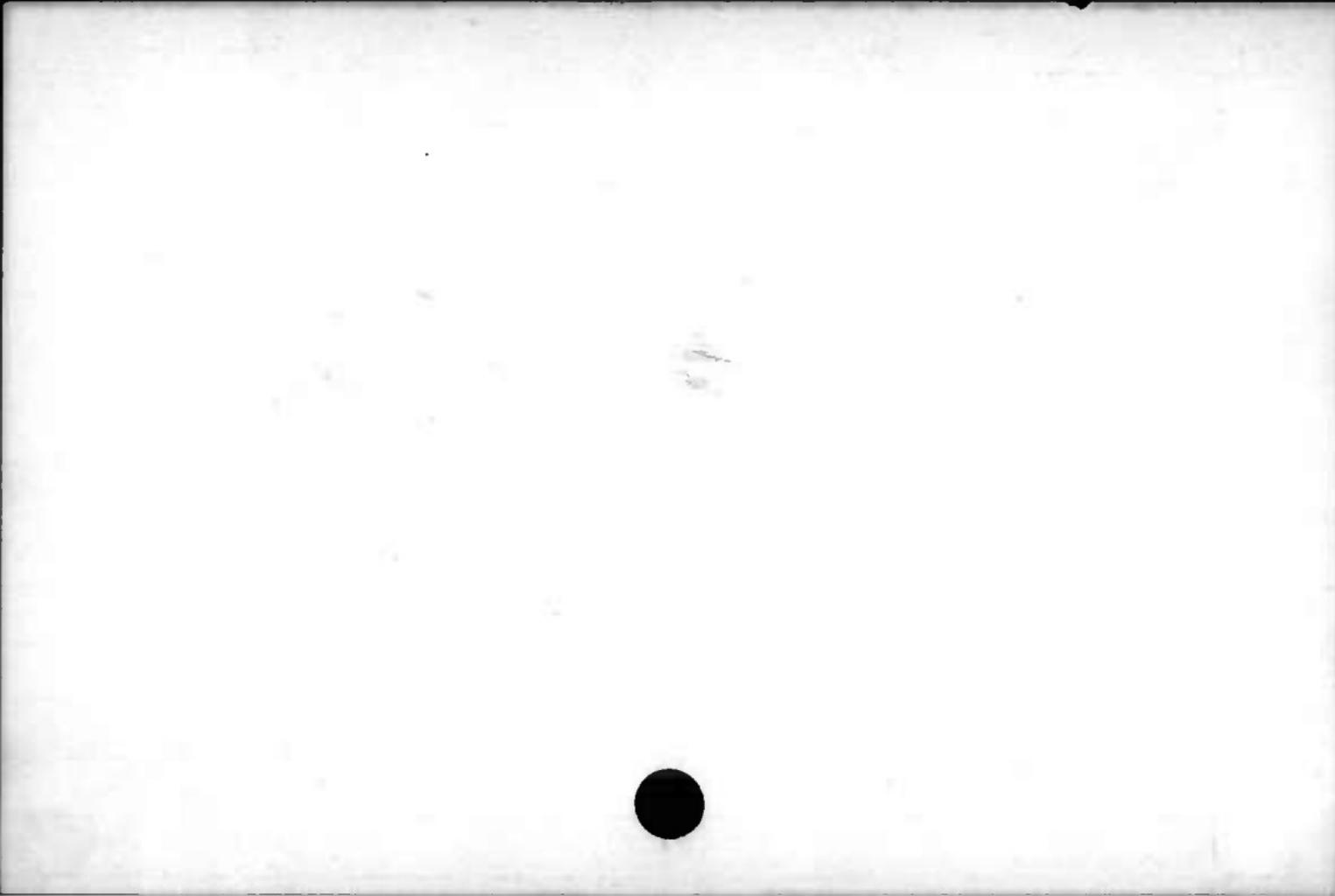
Signature of Physician

Address

J Murphy
Annapolis Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Lewisie Hieck

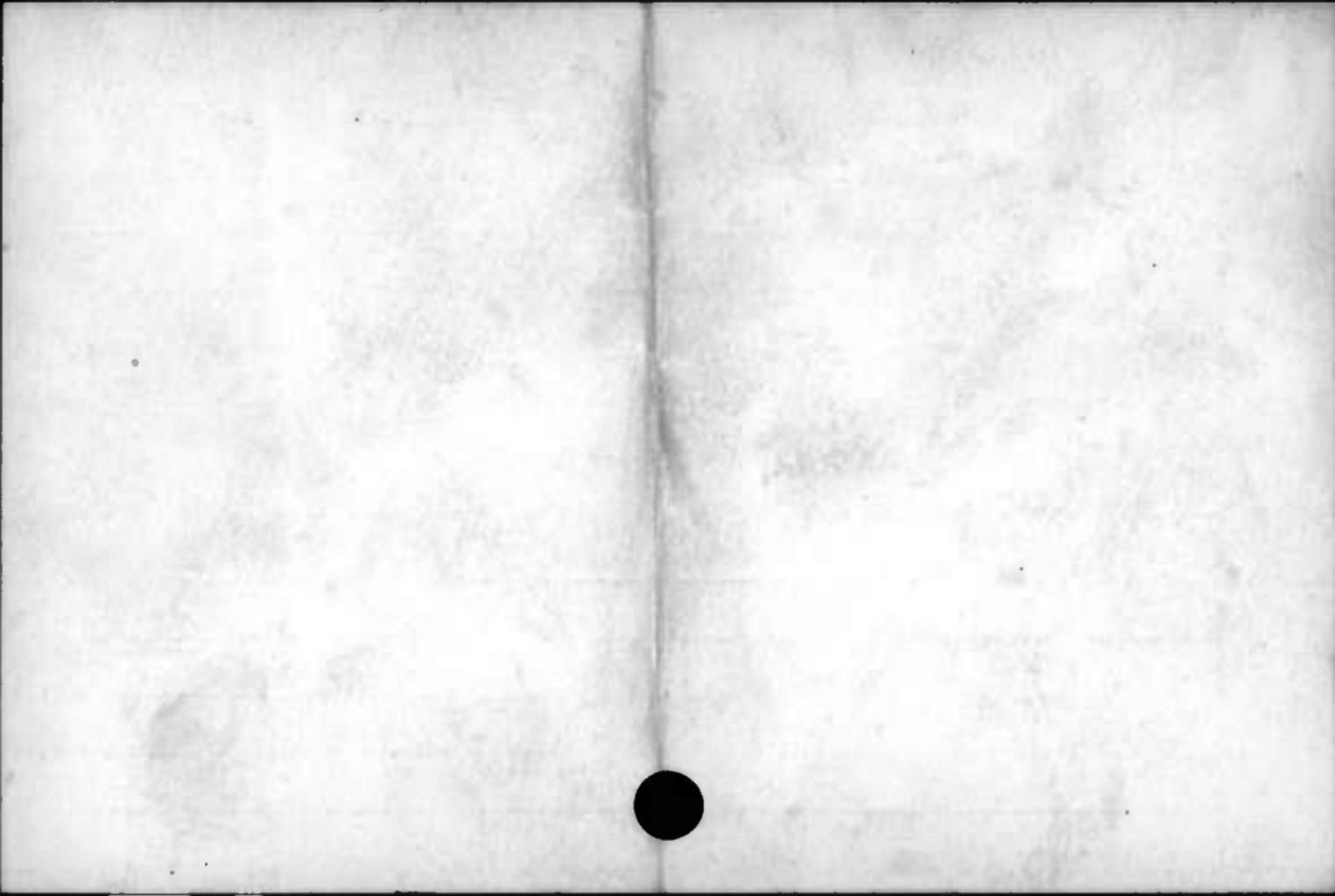
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Brooklyn a/c	Baltimore			
Date of death	1903	Month	Day	Years	Months Days
	Sept		2	11 month	
Sex	Female	Color or Race	Black	Birth-place	Baltimore a/c
Married, Single or Widowed	—	Occupation	—	Father's Birthplace	Baltimore a/c
Name of Wife or Husband	—		—	Mother's Birthplace	Baltimore a/c
Father's Name	James Hieck	10b	—	How related to deceased	Father
Mother's Maiden Name	Mary Bayet		—		
Name of person giving information	James Hieck		—		

CAUSES OF DEATH

Primary	Cholera infantum	How long	8 15 1903
Immediate	constipated	How long	10 9-2-1903
Are the name, age, sex, color, date and place correctly given above?	Salced	Signature of Physician	Dr G W Germard
Age	11 month	Address	708 E. 32d St
Accident or Suicide?	—		



Name
in
Full

Irene Jacobs

CERTIFICATE OF DEATH

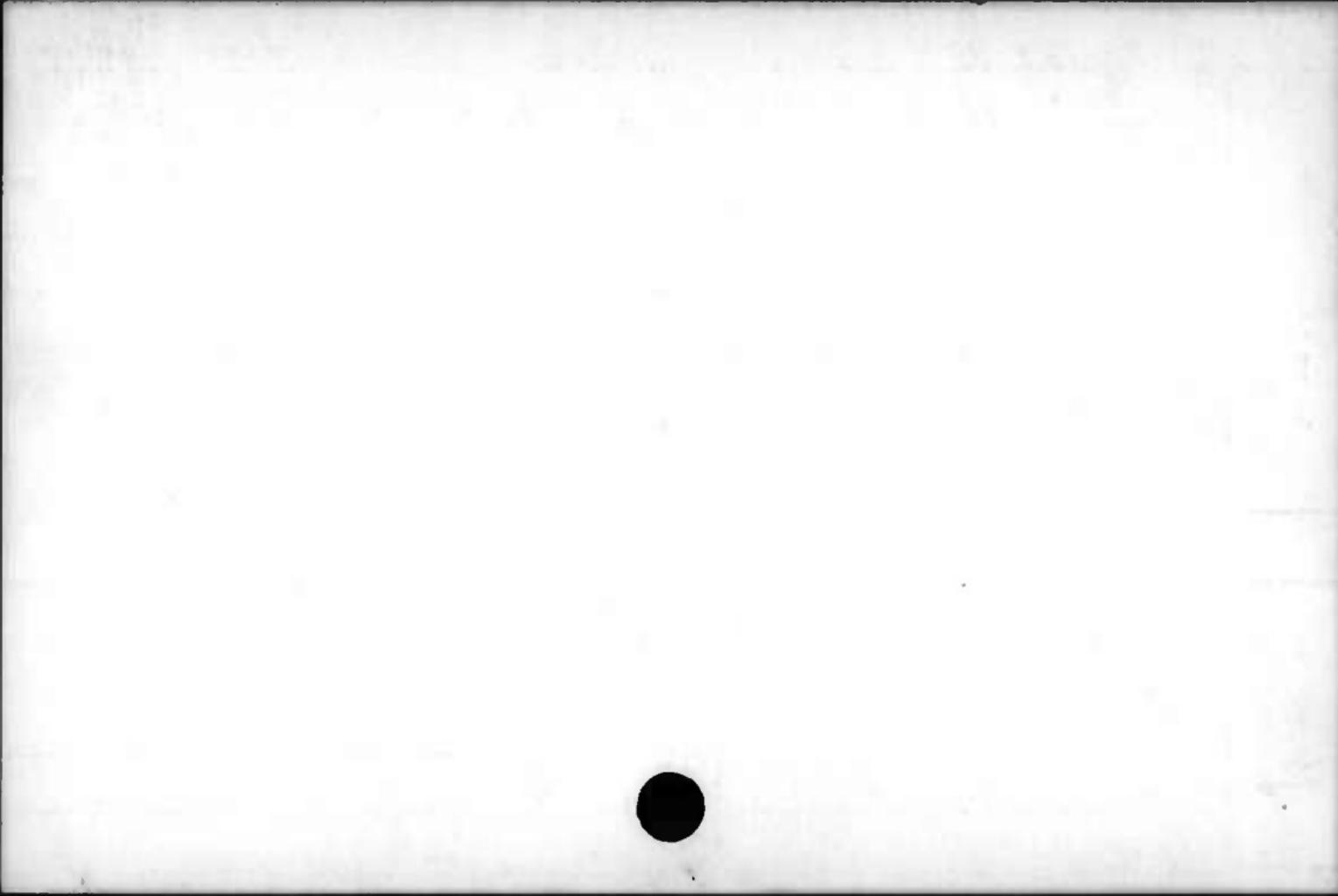
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Son Jacobs	Father's Birthplace	Balto. Md
Mother's Maiden Name	Edna T. Jacobs	Mother's Birthplace	Balto. Md
Name of person giving information	Eona Irene Jacobs	How related to deceased	mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary			How long
Immediate	Convulsions	one hour	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	H. B. Horton MD
		Address	So. Balto. Md.
Accident or Suicide?	—		



Name
in
Full

Charles Johnson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Smithville

County

Ast

MARYLAND

Date
of death 1903

Month

Day

Years

Months

Days

Sept 19th

Age

Sex

Male

Color or
Race

Colored

Birth-
place

Astbo.

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Lloyd Johnson Jr

Father's
Birthplace

Mother's
Maiden Name

Helen Strickland

Mother's
Birthplace

Name of person giving
Information

Father

How related
to deceased

CAUSES OF DEATH

Primary

Pertussis

How long

Two weeks

Immediate

Enterobacter

How long

Are the name, age, sex, color, date
and place correctly given above?

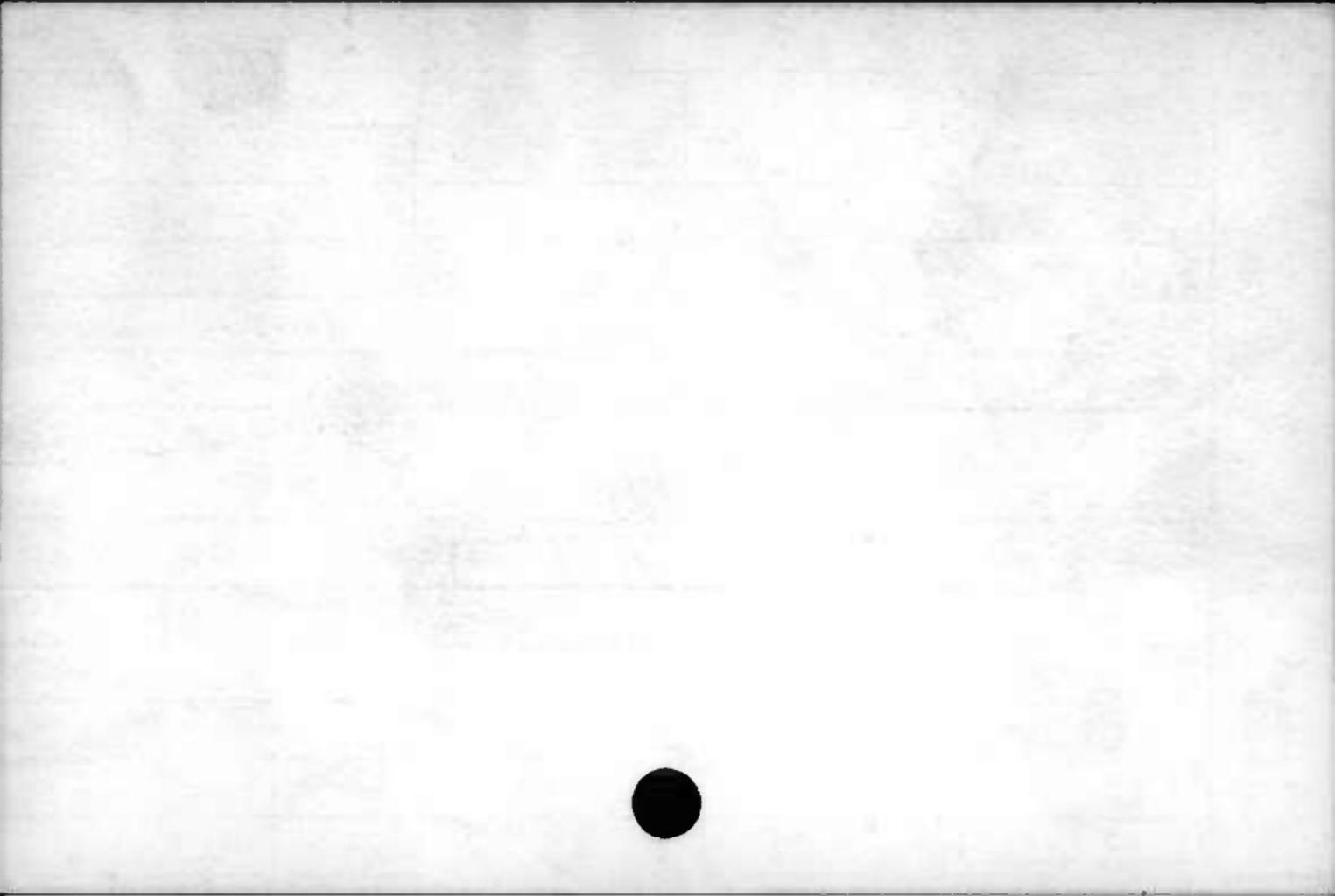
Signature of
Physician

Address

Yes

John Shadwell,
Annapolis
Md

Accident or Suicide?



Name
in
Full

Thomas Jones.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Annapolis		County	MARYLAND	
Date of death 1903	Month Sept.	Day 17	Years	Months	Days
Age 56					
Sex Male	Color Negro	Occupation	Birth-place A.A.B.		
Married, Single or Widowed	Married		Laborer		
Name of Wife & Husband	Martha Jones				
Father's Name	Willman Jones		Father's Birthplace	A.A.B.	
Mother's Maiden Name	Fancy Lason		Mother's Birthplace	A.A.B.	
Name of person giving information	Wife		How related to deceased	Wife	

CAUSES OF DEATH

Primary Injury: { Fracture of spinal column; com. How long About 17 hrs.
pound dislocation + fracture of bones of left ankle joint }
Immediate Paralysis { due to pressure upon & probable How long About 17 hrs.
laceration of spinal cord. }

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

As far as I am aware of.

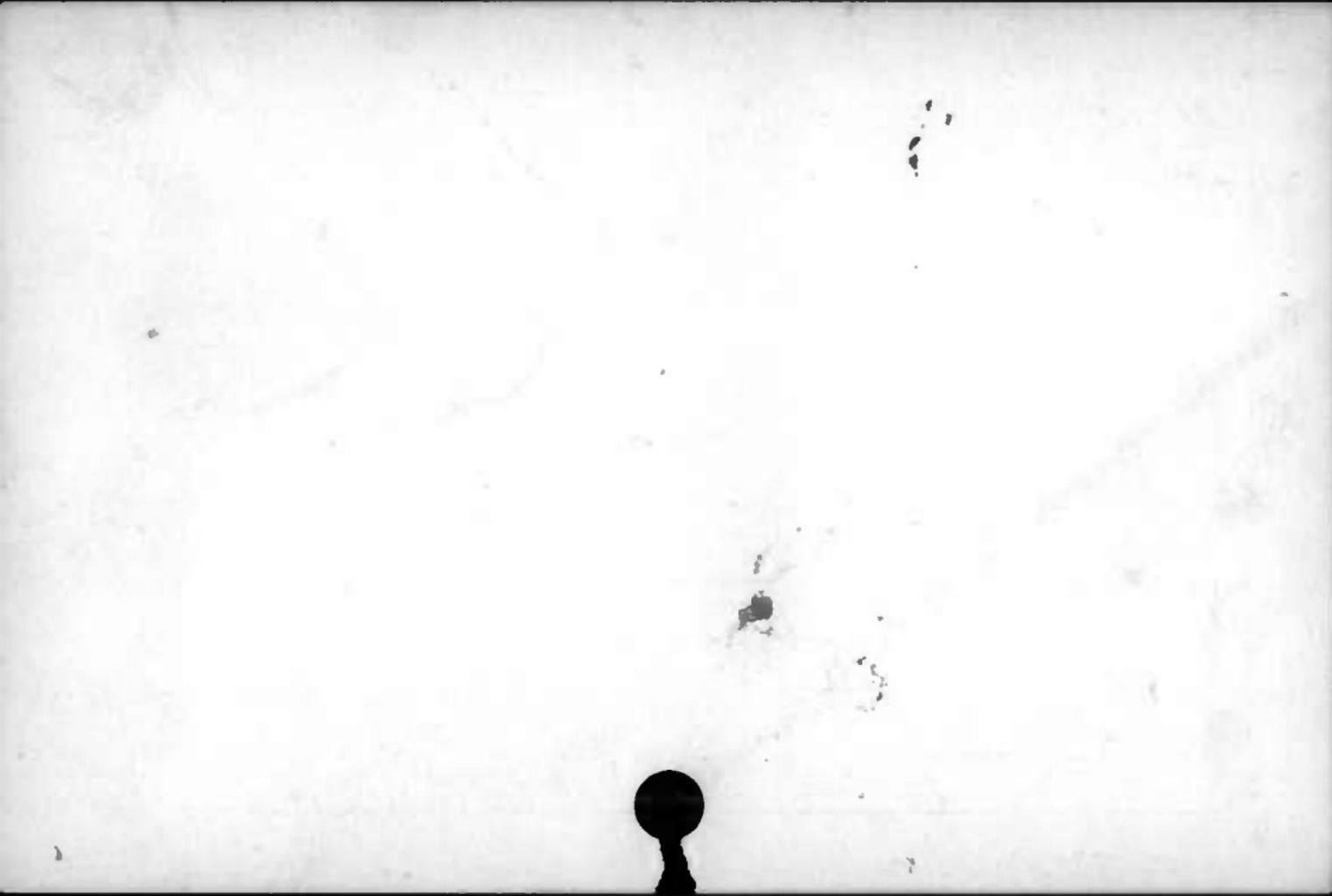
Signature of Physician

Address

J. H. Thompson M.D.
193 Church St. Annapolis,
Maryland.

Accident Suicide

Accident



Name
in
Full

C. Goodey, Jr. Jorda
Anne Arundel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1908	Month	Day	Years Months Days
Sex Male	Color or Race	Age	Birthplace
Married, Single or Widowed Single	Occupation		
Name of Wife or Husband			
Father's Name	Cleve W. Goodey	Father's Birthplace	J. Dand
Mother's Maiden Name	Lucie C. Hasluidre	Mother's Birthplace	J. A.
Name of person giving information	C. W. Jordon 93.	How related to deceased	Galtie

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

Six days

Immediate

Are the name, age, sex, color, date and place correctly given above?

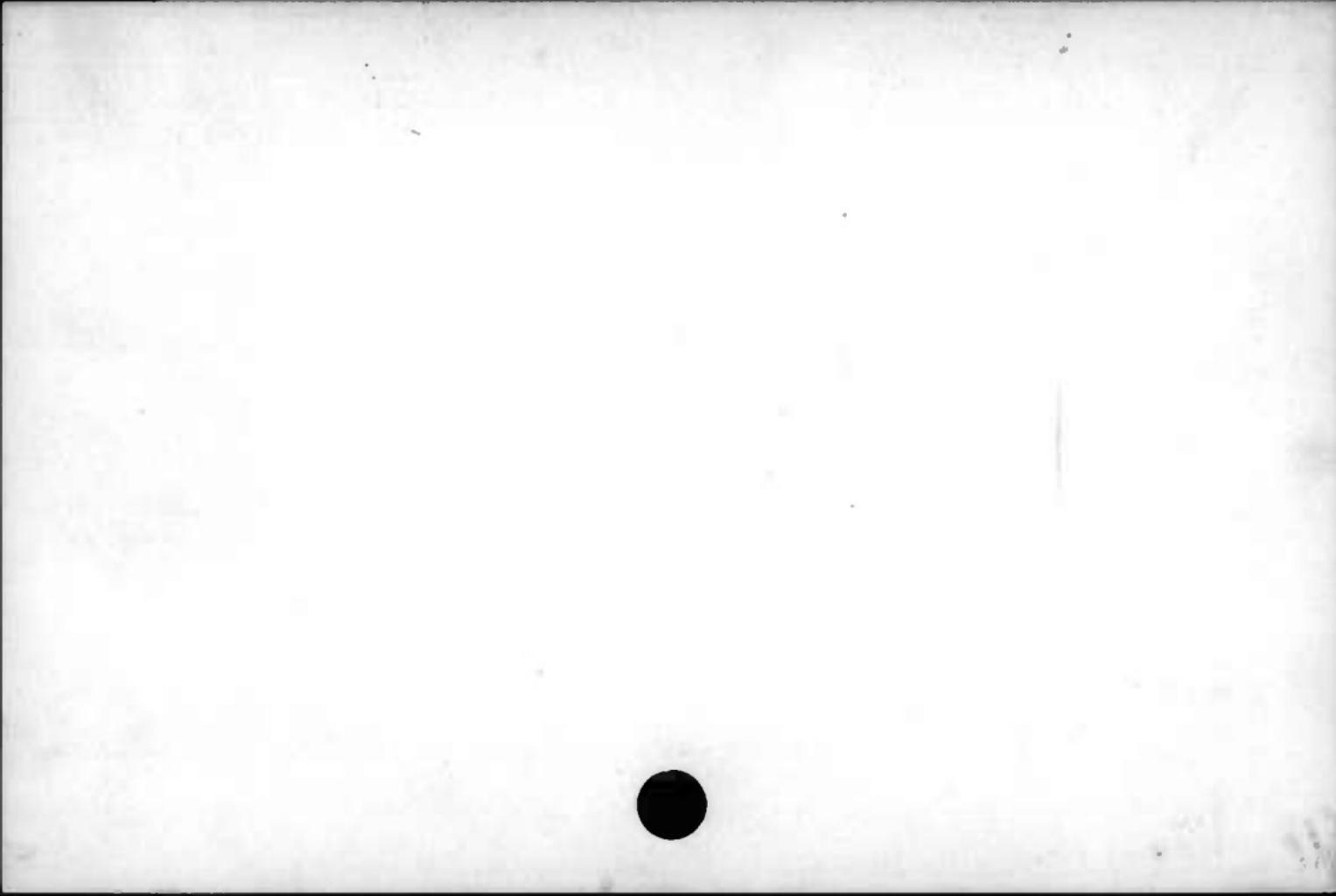
yes

Signature of Physician

Address

J. J. Murphy
Annapolis Md.

Accident or Suicide?



Name
in
Full

Geo W. Jubb

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	9	8	Age	9	
Sex	Male	Color or Race	white	Birth-place	Md
Married, Single or Widowed	Single		Occupation		
Name of Wife or Husband					
Father's Name	Wm H. Jubb b.		Father's Birthplace	Md	
Mother's Maiden Name	Lillie L. Peterson		Mother's Birthplace	Me	
Name of person giving information	Lida L Peterson		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Meningitis

How long

2 day

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

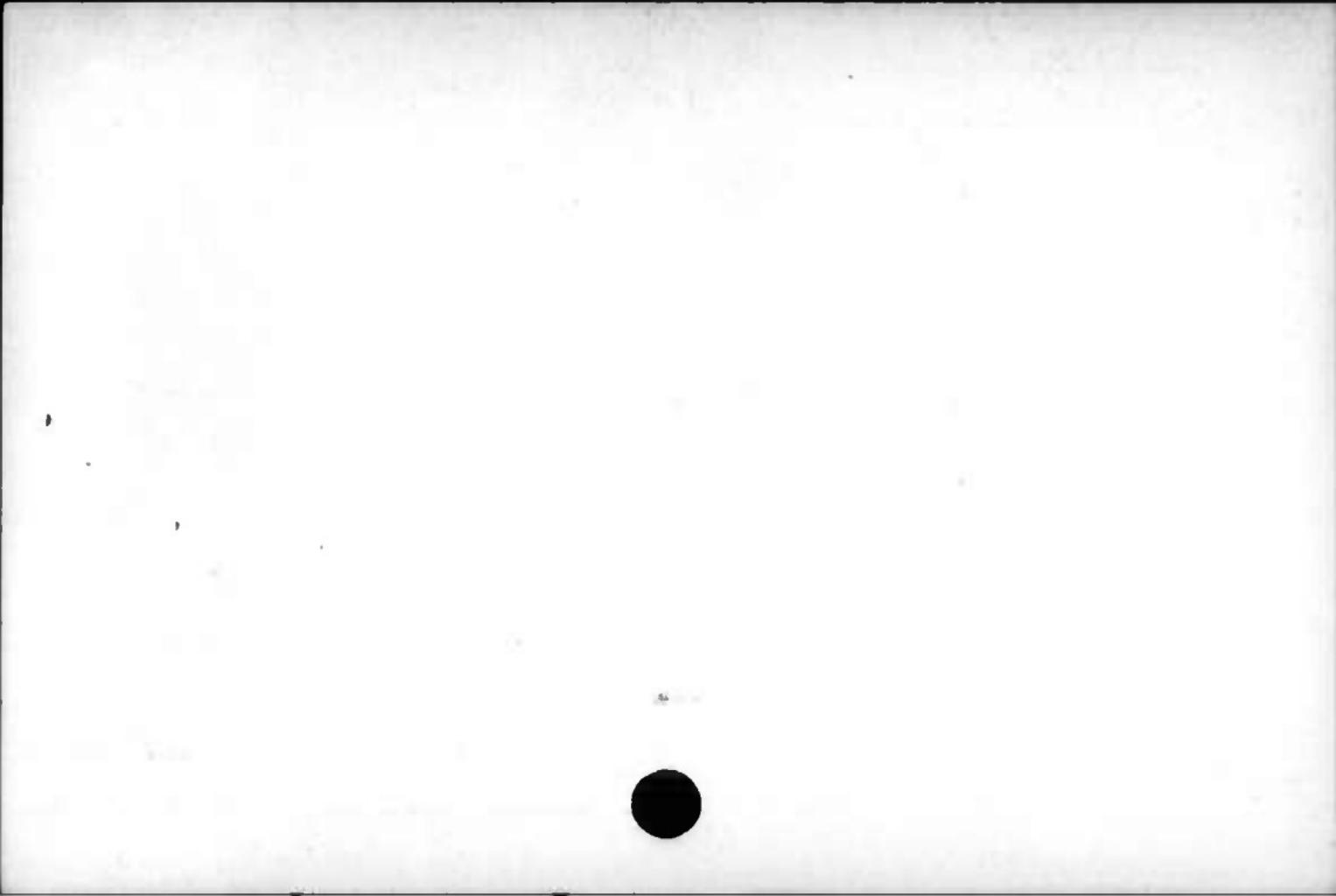
Signature of Physician

Address

Chas. St. Brooke
Brooklyn

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Matilda Little

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1903	Month Sept	Day 4 th	Years 93	Months	Days
Sex Female	Color or Race Colored	Occupation Invalid	Birth-place Atbo.		
Married, Single or Widowed					
Name of Wife or Husband Benj Little	Father's Name John Shemensley	Father's Birthplace Atbo.			
Mother's Maiden Name Kitty Shemensley	Mother's Birthplace Atbo.				
Name of person giving information Son	How related to deceased				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Senility

How long

Months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

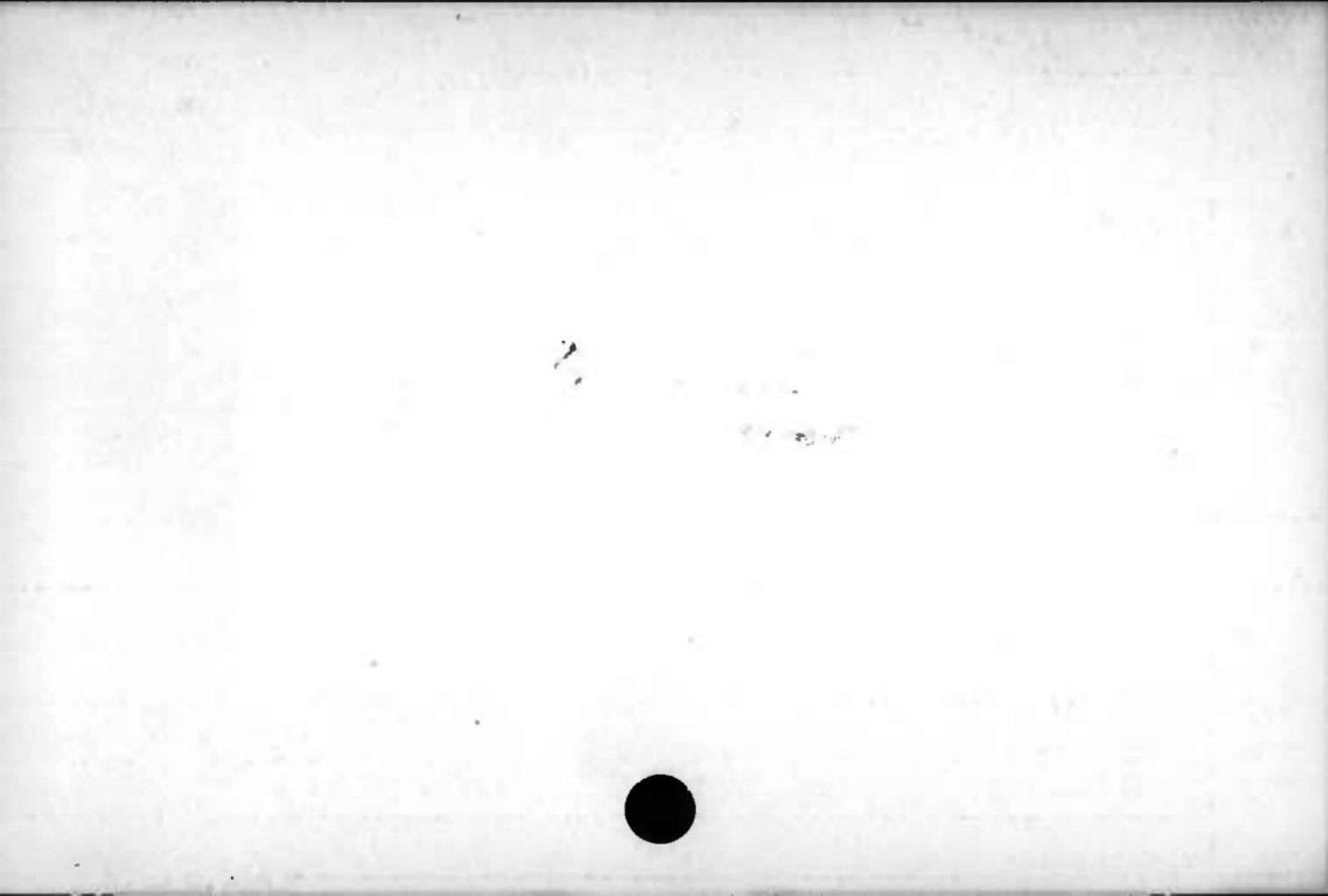
Yes

Address

John Ridout

Annapolis
Md

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Survior Lorraine						CERTIFICATE OF DEATH	
Died at	Town	County		MARYLAND			
Bronxville		A A					
Date of death 1908	Month Sept	Day 3	Age 83	Years	Months 4	Days 3	
Sex Male	Color or Race White	Occupation Farmer		Birthplace Maryland			
Married, Single or Widowed	Widowed		Maurtly Marks				
Name of Wife or Husband							
Father's Name	Reuben Lorraine				Father's Birthplace Maryland		
Mother's Maiden Name	Maurtly Marks Q3				Mother's Birthplace " "		
Name of person giving Information	Thomas Lorraine				How related to deceased Son		

CAUSES OF DEATH

Primary

Old age

How long

3 years

Immediate

Pneumonia

How long

4 days

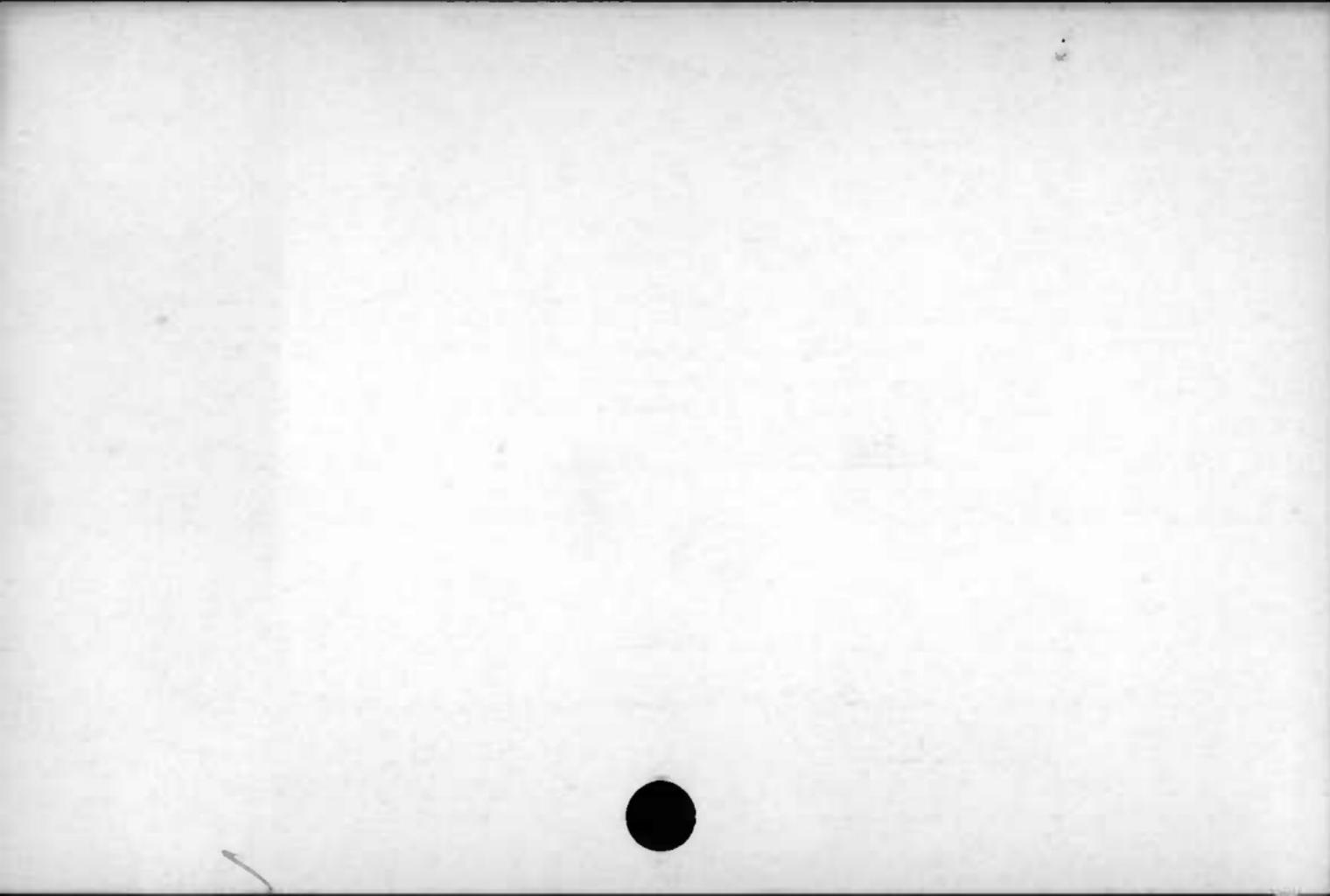
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. B. J. Robinson
Bronxville
Ac Co No 5

Accident or Suicide?



Name
in
Full

Gilbert Melcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Annapolis	a. a.			
Date of death 1903	Month Sept	Day 20	Years	Months	Days
Sex Male	Color or Race White	Age 35			
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name Lewis H. Melcher			Father's Birthplace Boston Mass		
Mother's Maiden Name Gracie S. Lovwood			Mother's Birthplace Annapolis Md		
Name of person giving Information			How related to deceased Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still-born How long

Immediate How long

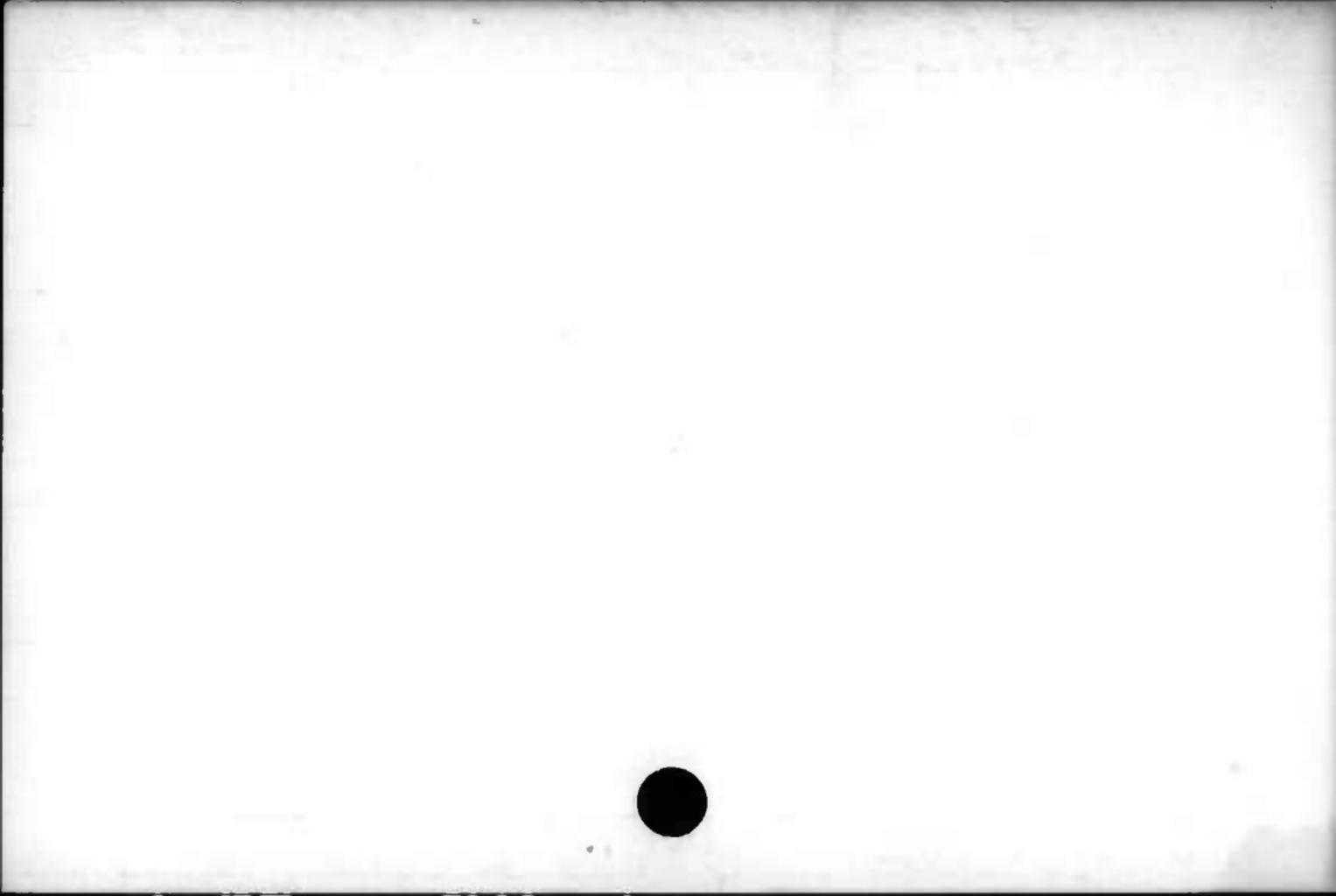
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mrs. Margaret
Chamberlain
Midwife

Accident or Suicide?



Name
in
Full

Ezekiel Oliver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Days
1903	9	27	3
Sex	Color or Race	Age	Birth-place
Male	Colored	77	Anne Arundel Co Md
Occupation	Where Residing if not at place of death		
Farmer	[Redacted]		
Married, Single	Name of Wife - Husband	Mary Jane Oliver	
[Redacted]	[Redacted]	[Redacted]	
Father's Name	Father's Birthplace		
[Redacted]	[Redacted]		
Mother's Maiden Name	Mother's Birthplace		
[Redacted]	[Redacted]		
Name of person giving information	How related to deceased		
Israel Oliver	Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Parsus

How long

6 year

Immediate

Coma

How long

1/2 hour

Are the name, age, sex, color, date and place correctly given above?

Yes

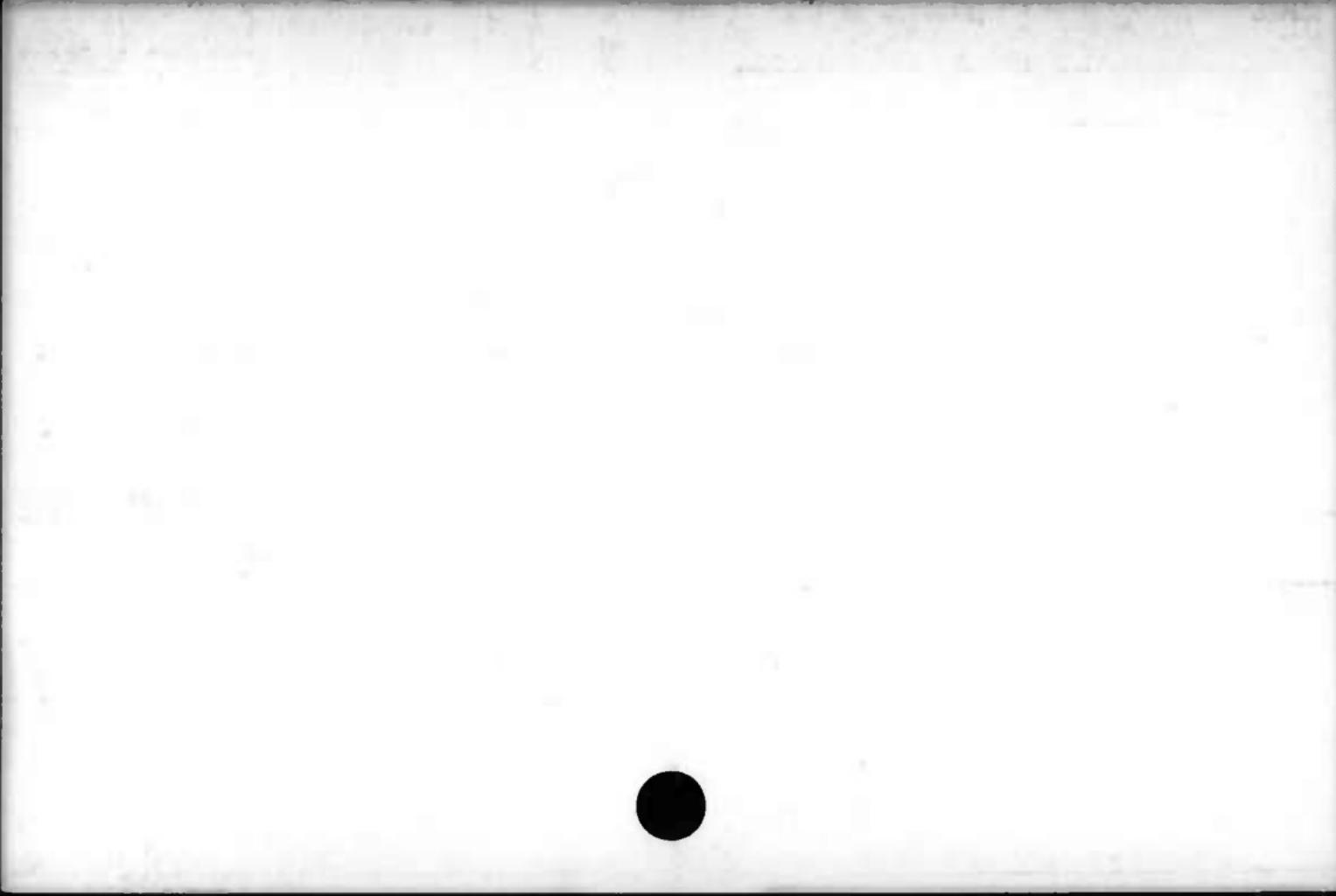
Signature of Physician

Address

R D Hammond
Jessup Md

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

John T. Pumphrey					CERTIFICATE OF DEATH		
Died at	Town	Blenburnie Anne Arundel			County		MARYLAND
Date of death 1903	Month Sept	Day 1st	Age	Years	Months 3	Days	
Sex Male	Color or Race White				Birth-place		
Married, Single or Widowed	Occupation			05 th			
Name of Wife or Husband							
Father's Name	John T. Pumphrey			Father's Birthplace	A.A.G. Ma		
Mother's Maiden Name	Louisa Pumphrey			Mother's Birthplace	A.T. Ma		
Name of person giving information	Mrs Haley			How related to deceased	Nurse		

CAUSES OF DEATH

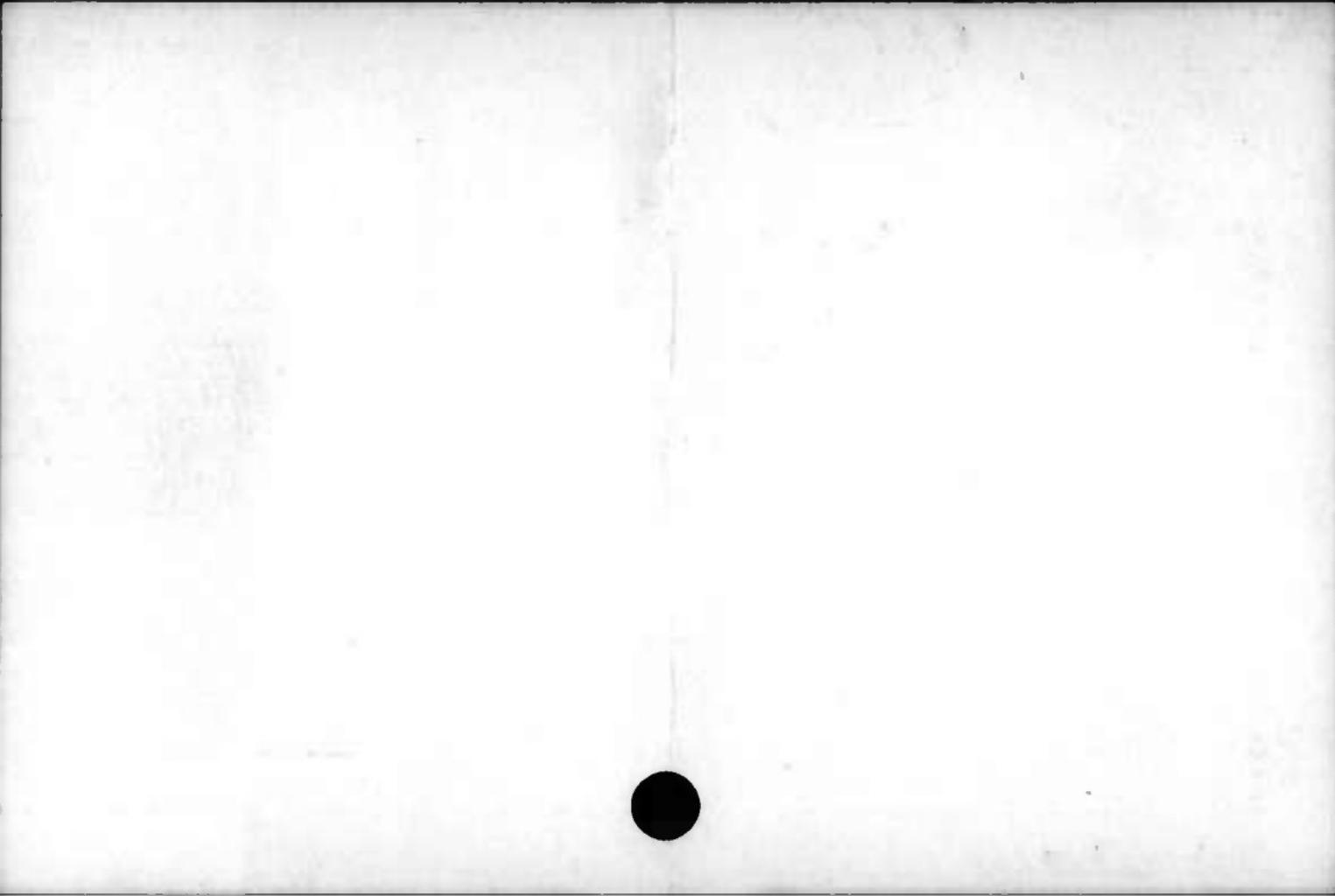
PHYSICIAN
OR CORONER

Primary	Giles Colitis	How long	6 weeks
Immediate	Inanition	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L.R. Wm. Wm. Wm. Wm.

Accident or Suicide?

Address

Eckmudge
Md



Name
in
Full

Irene

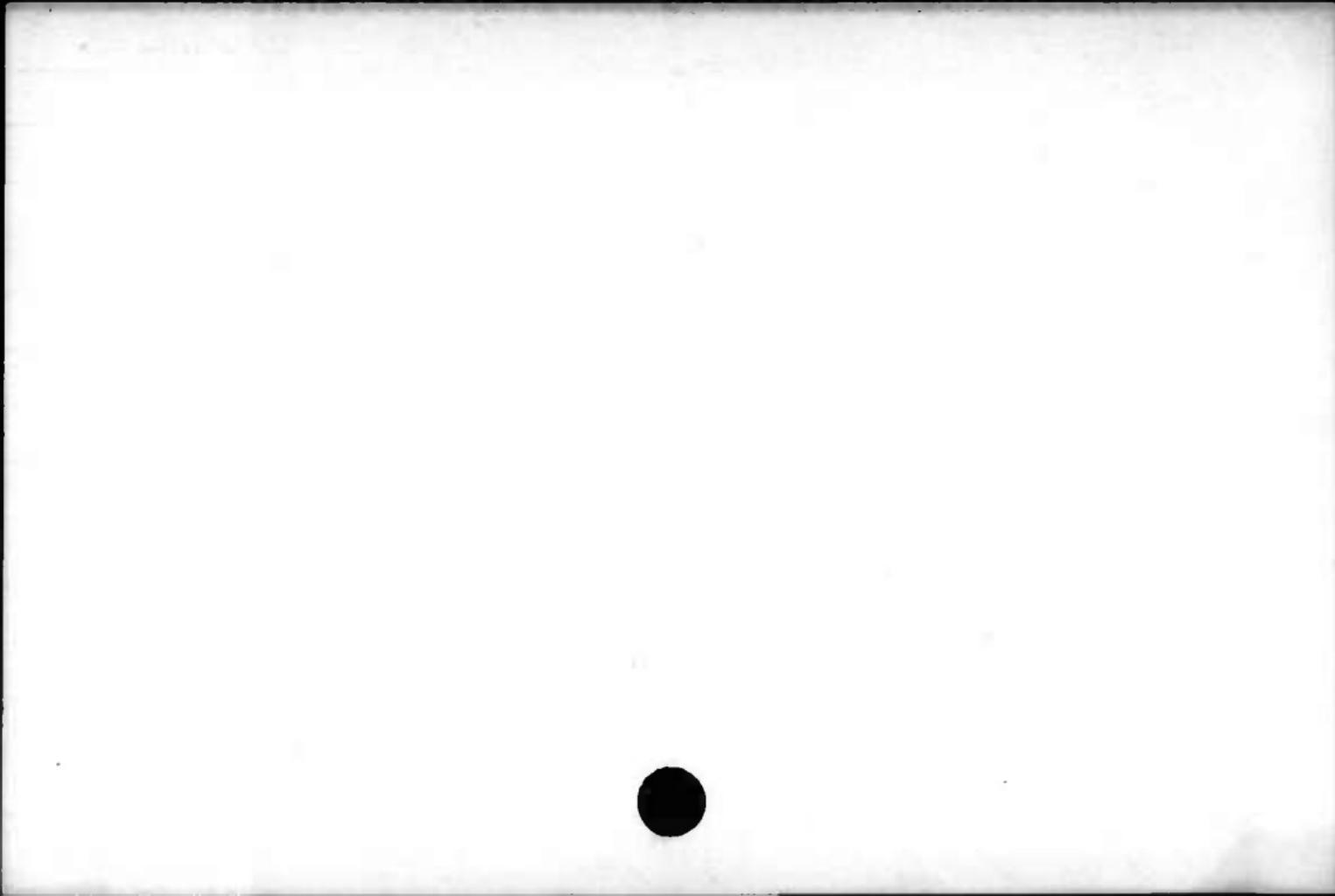
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month Sept	Day 28 th	Years	Months Days
Sex	Color or Race	Birth-place		
Married, Single or Widowed	Occupation			
Name of Wife or Husband				
Father's Name	Edward Irene	Father's Birthplace	Annapolis	
Mother's Maiden Name	Annie McPherson	Mother's Birthplace	Annapolis	
Name of person giving information	Mother	How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Stillborn	How long
	Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Midwife
Yes		Address	Annies Brown
Accident or Suicide?			



Name in Full

Certificate of Death

Sophia Queen

Town County
Woodwardville Anne Arundel MARYLAND

Died at Woodwardville, Anne Arundel MARYLAND
Date 1903 Month Sept Day 21 Y. 5 M. D. Native of N.D. Occupation

Date 1903	Month Sept	Day 21	Y. 5	M.	D.	Native of N.D.	Occupation
Male	White		Age	Married	Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	

Husband of:			
Wife			

Father's Name	Fletcher Queen	Mother's Name	Ella Jane Queen
---------------	----------------	---------------	-----------------

Cause of Death	Primary	Whooping Cough	How long sick
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Death	Immediate	Bronchitis	Accident, Suicide, Homicide
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Reported by	John H. Anderson	N.D.
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Address	Woodwardville	Maryland
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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Clara Elmira Ray

Town

County

Died at

Wellham

Anne Arundel

MARYLAND

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Wm Randolph Ray

Mother's

Rachel M Ray

Cause of

Primary

Potts Disease of Spine
mitral Regurgitation

How long sick

2 years.

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Thos. P. Benson MD

Address

Wellham

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Samet Richardson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month Sept	Day 13 th	Years 58	Months	Days
Sex Female	Color or Race colored	Occupation	Birth-place Ad 60.		
Married, Single or Widowed					
Name of Wife Husband	John Richardson				
Father's Name	Charles Parker			Father's Birthplace Ad 60	
Mother's Maiden Name	Grace Parker			Mother's Birthplace Ad 60	
Name of person giving Information	Daughter			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphexy

How long

Three days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

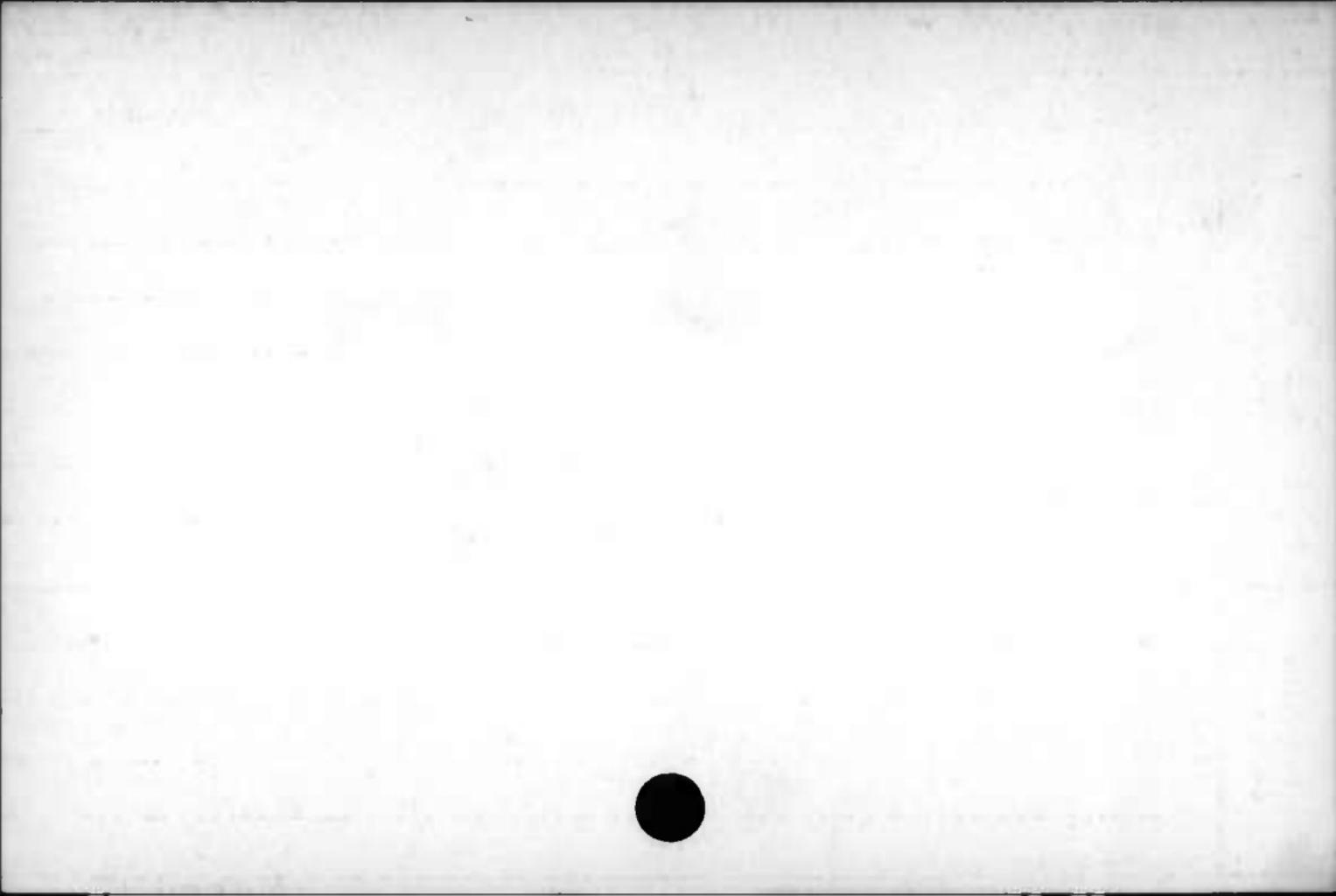
Address

John Richardson

Annapolis
Md

Yes

Accident or Suicide?



Name
in
Full

Herman Ronnenberg

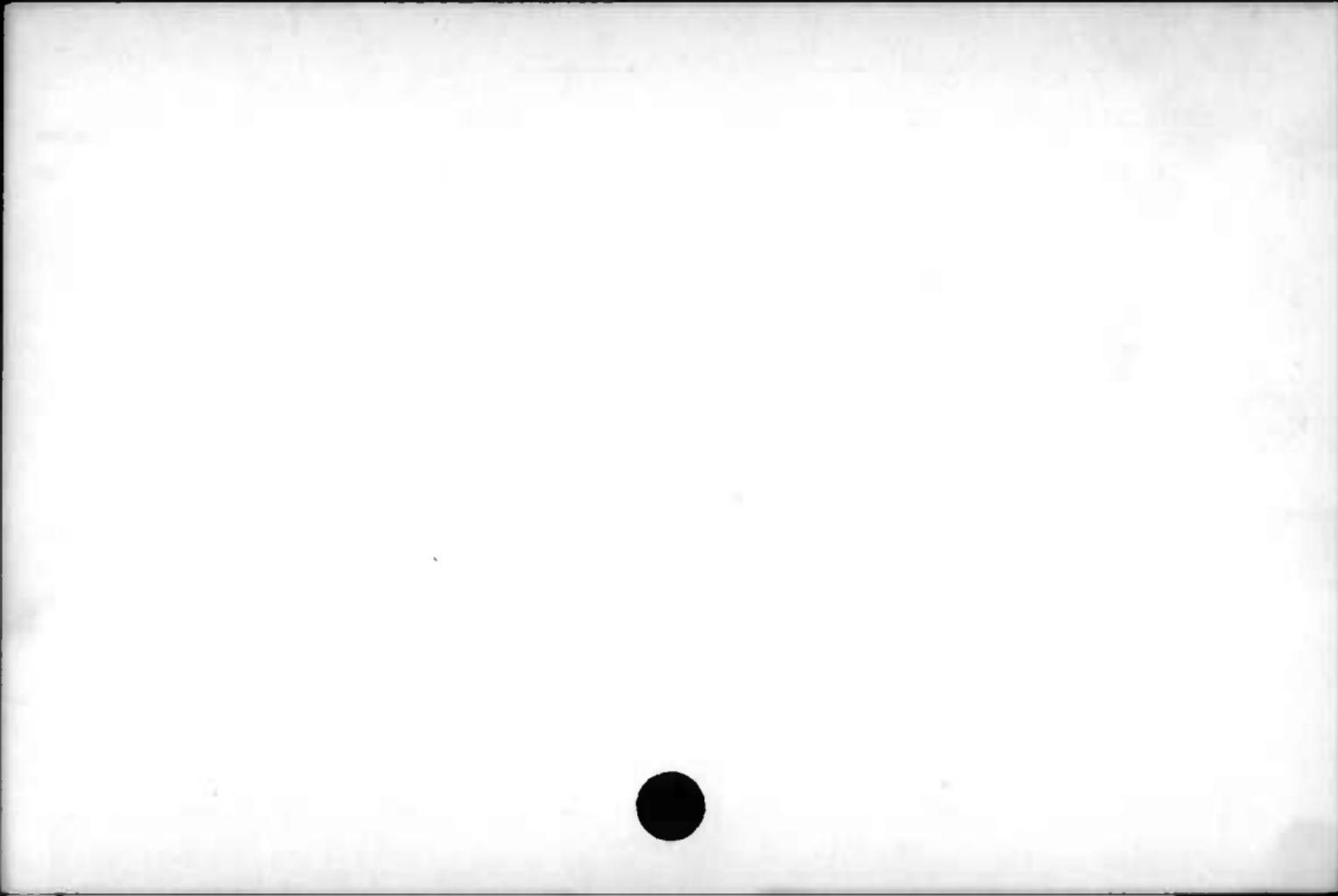
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	Birthplace	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	-	61	
Father's Name	Fred K Ronnenberg			
Mother's Maiden Name	Mony Meyer			
Name of person giving information	Hank Ronnenberg			
CAUSES OF DEATH				
Primary				How long
Meningitis				7 days
Immediate				How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		J.W.B. Norton M.D.		
		Address		
		S. Balto. Md.		

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Janette Lee Sears					CERTIFICATE OF DEATH	
Died at	2 nd district -	Town	County	MARYLAND		
Date of death 1903	9	Month	Day	Age 2 months	Years	Months 1 Days
Sex Female	Color or Race white				Birth-place Annapolis	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	James H Sears 61			Father's Birthplace Colchester		
Mother's Maiden Name	Rorie J Pratt			Mother's Birthplace Avon		
Name of person giving information	James H Sears			How related to deceased Daughter		

CAUSES OF DEATH

Primary	Whooping Cough	How long	6 weeks
Immediate	Asthenia	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm S. Welch
		Address	184 Gloucester St Annapolis
Accident or Suicide?	—		



Name
in
Full

Albert Shepley

CERTIFICATE OF DEATH

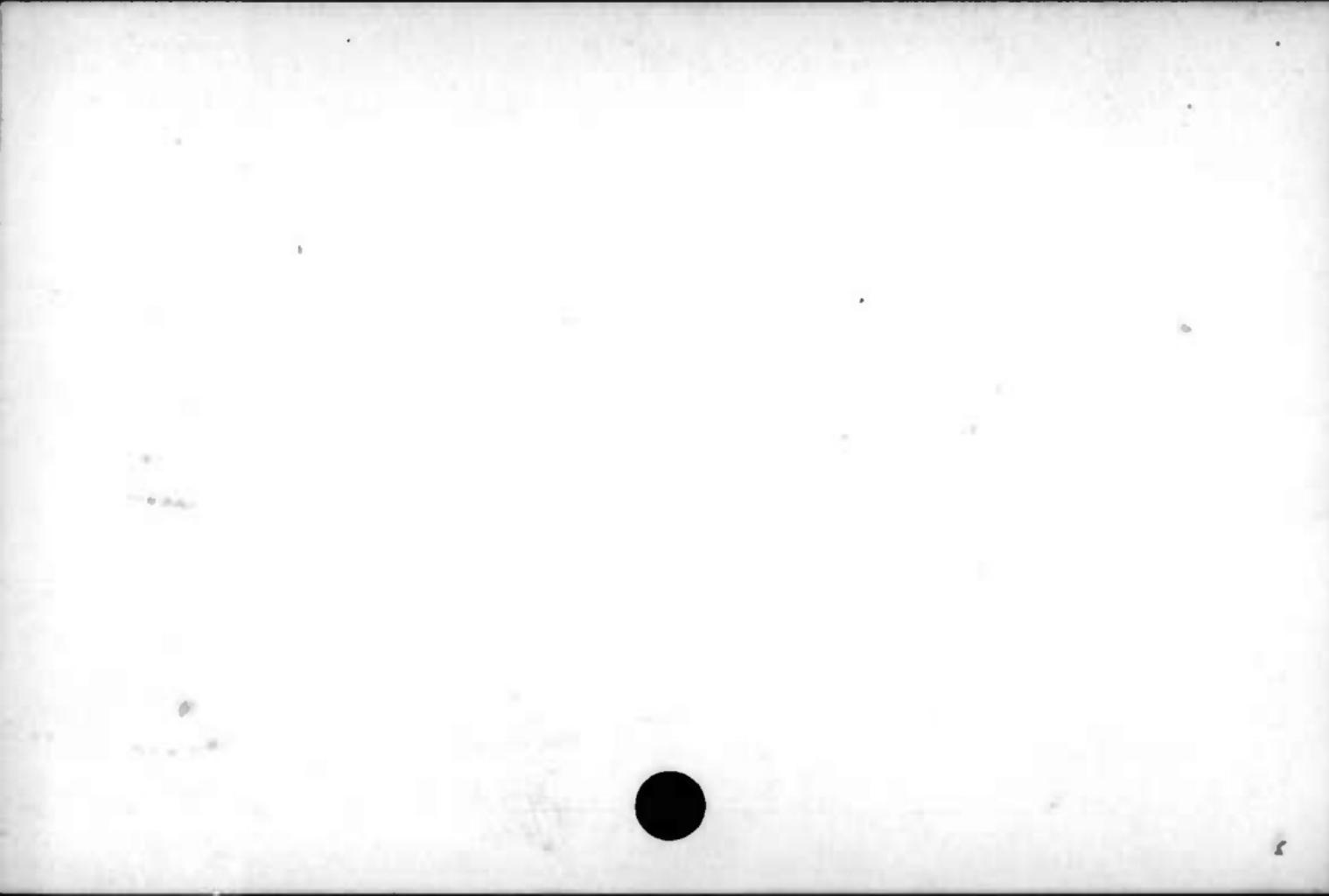
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Annapolis	Anne Arundel			
Date of death 1903	Month Sept.	Day 10	Years 28	Months 9	Days 2
Sex Male	Color or Race white	Birth-place Annapolis			
Married, Single or Widowed Single	Occupation Railroad employee				
Name of Wife or Husband					
Father's Name Frank Shepley	45	Father's Birthplace Annapolis			
Mother's Maiden Name Annie E. Gardner		Mother's Birthplace A.A. Co			
Name of person giving Information Frank Shepley	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Sarcomea	How long 7 months
Immediate "	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Dr. Lemuel Gardner M.D.
yes -	Address 95 John St., Annapolis Md.
Accident or Suicide? no	



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Annapolis</u>		Town	County <u>A. A. Co.</u>		MARYLAND	
Date of death 1903	Month 9	Day 8	Age	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation		Birth-place <u>Annapolis</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	<u>C. H. W. Smith</u>			Father's Birthplace	<u>Annapolis</u>	
Mother's Maiden Name	<u>Arabella W. Smith</u>			Mother's Birthplace	<u>Bally</u>	
Name of person giving information	<u>Father</u>			How related to deceased	<u>Father</u>	

CAUSES OF DEATH

Primary

Still-born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

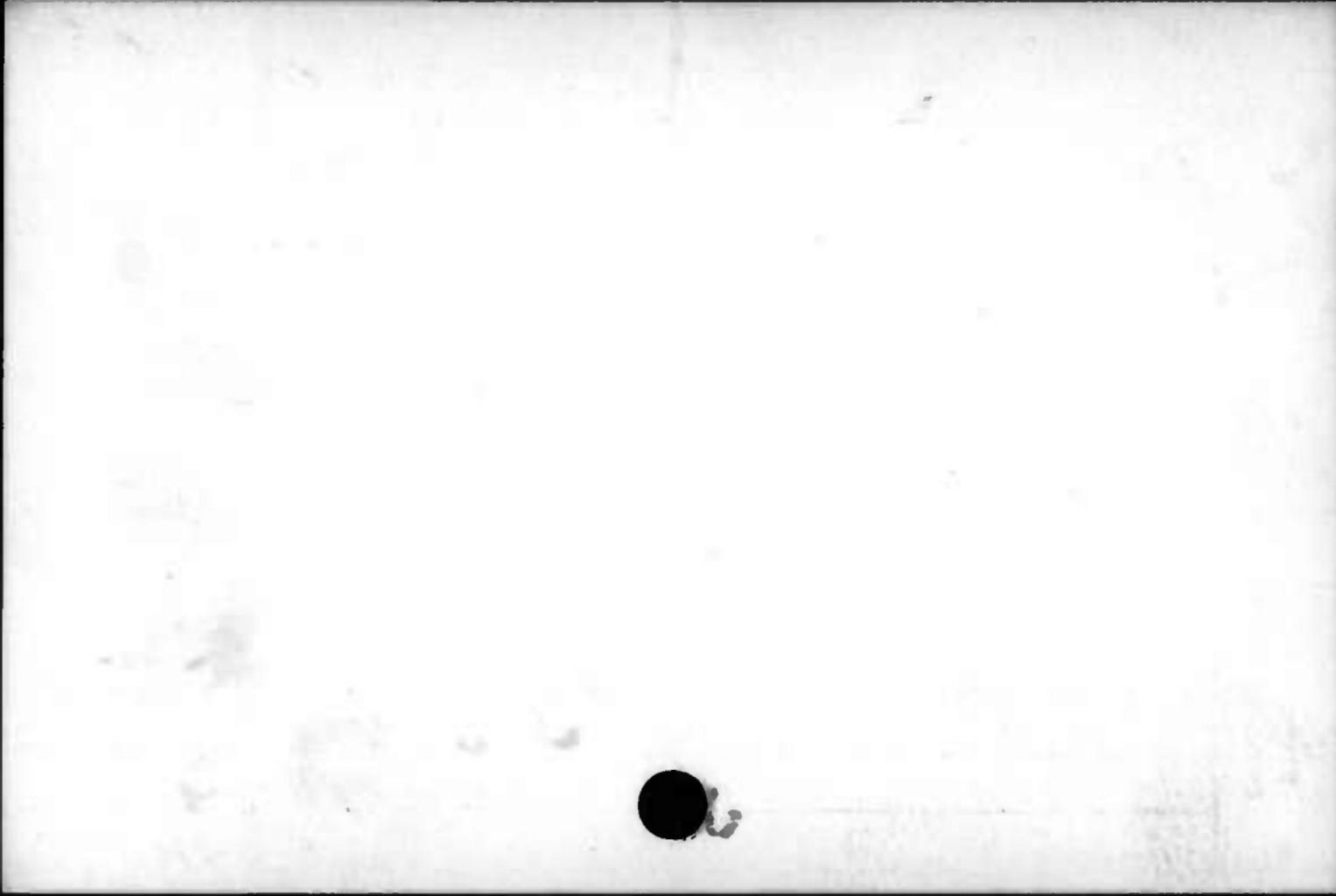
✓

Signature of Physician

Address

Geo. Waller
Annapolis
MD

Accident or Suicide?



Name
in
Full

Edward Soboleski

CERTIFICATE OF DEATH

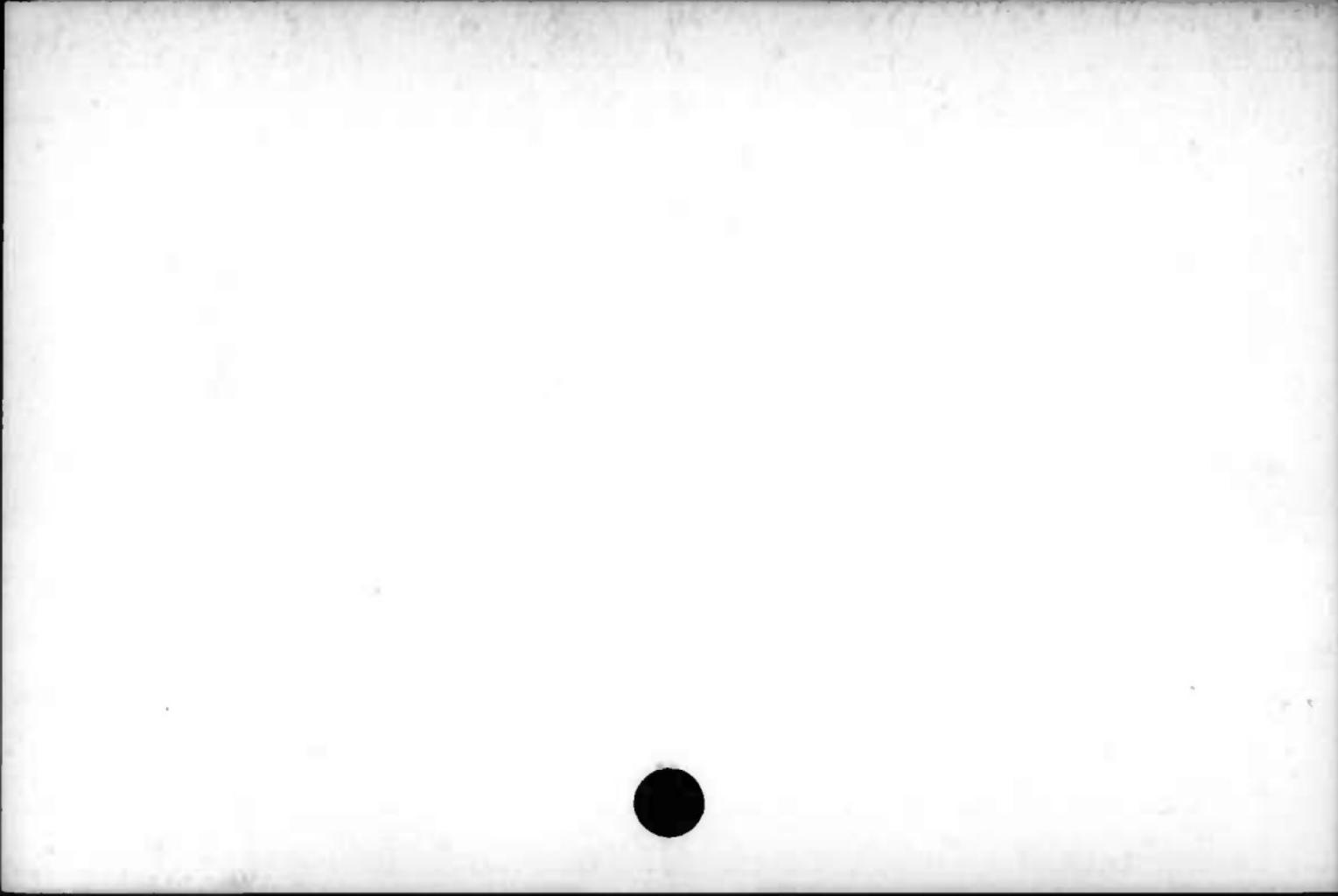
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month 9	Day 27	Years 1	Age 1	Months 4	Days
Sex Male	Color or Race	white	Occupation	Non		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	J. Soboleski			Father's Birthplace	Bushua	
Mother's Maiden Name	Alexander Merski			Mother's Birthplace	"	
Name of person giving Information	Jacob Fialkowski			How related to deceased	no	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Marasmus	How long
Immediate	Convulsions	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
Accident or Suicide?		Mr. L. Hawkins Cr Brooklyn Md
Natural		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

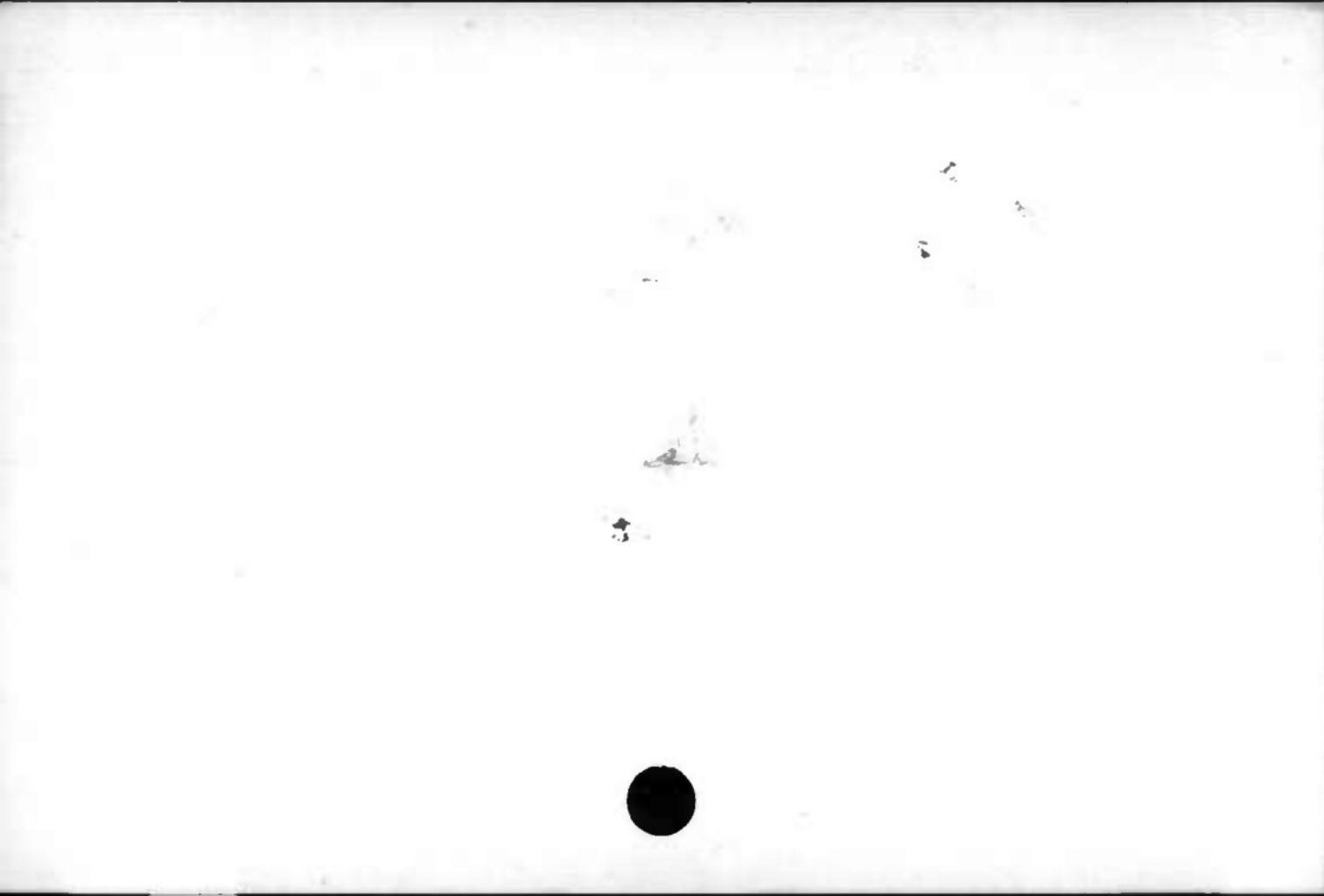
Died at		Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months	Days
3	Sept	12 th	Age		
Sex	Male	Color or Race	Occupation	Birth-place	Ann Arbor
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Henry E. Spisggs			Father's Birthplace	Ann Arbor
Mother's Maiden Name	Agnes Dore			Mother's Birthplace	Ann Arbor
Name of person giving information	Mother			How related to deceased	Ann Arbor

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes	Address	Midwife Martha Bruce
Accident or Suicide?		





Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death 1903	Month:	Day	Years	Months	Days
Sex Male		Color or Race	Age	Birth- place	
Married, Single or Widowed		Occupation			
Name of Wife or Husband					
Father's Name	J. J. Stepney			Father's Birthplace	Annapolis
Mother's Maiden Name	Naomi Johnson			Mother's Birthplace	Annapolis
Name of person giving Information	Mother			How related to deceased	

CAUSES OF DEATH

Primary	Still-born	How long
		How long
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Susan Wright
Yes	Address	Midwife
Accident or Suicide?		



Name
in
Full

Gladys Stewart

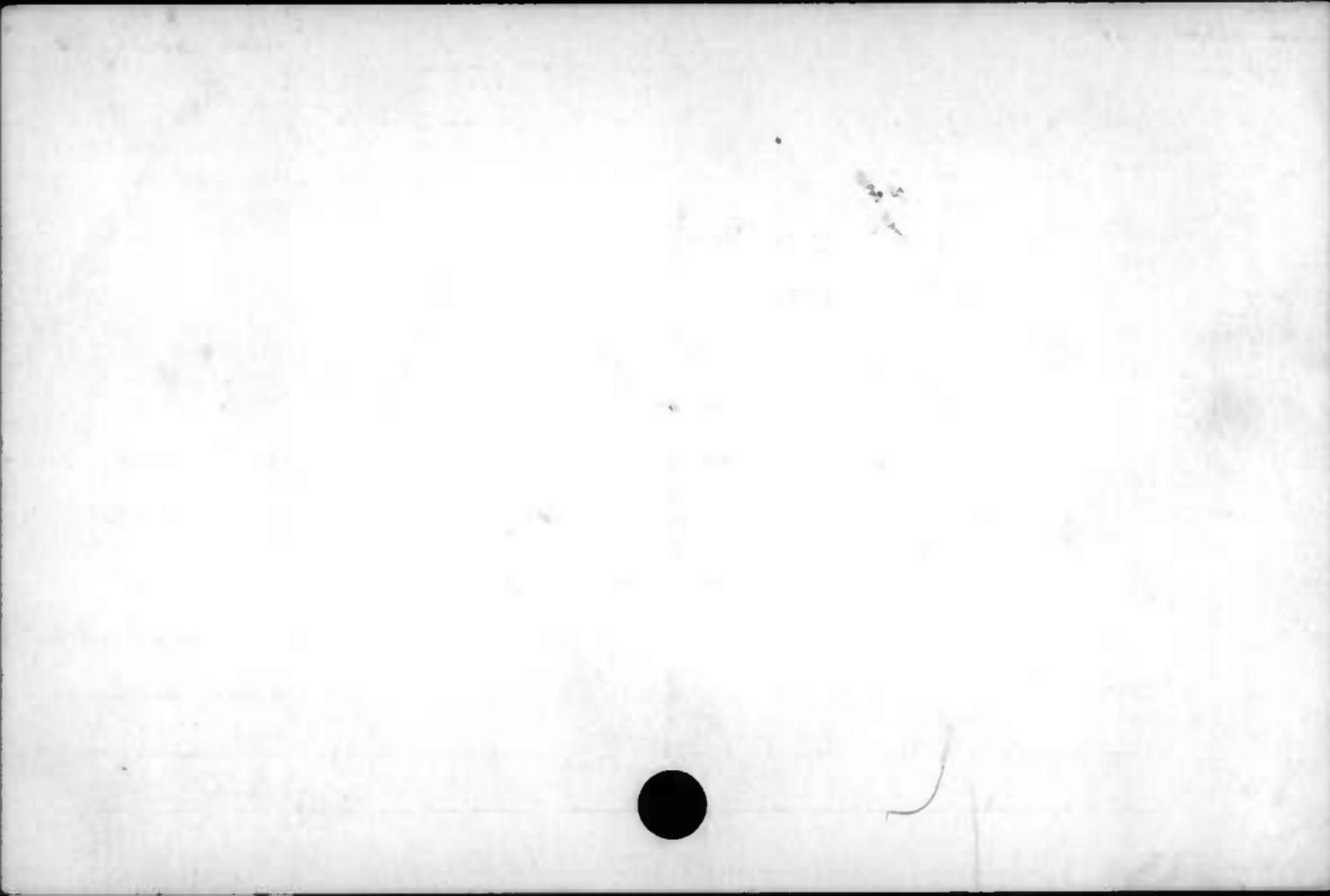
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month Sept	Day 30	Years 16.	Age	Months	Days	
Sex Female	Color or Race white	Birth-place Indianapolis					
Married, Single or Widowed Single	Occupation						
Name of Wife or Husband							
Father's Name Joseph A. Stewart	Father's Birthplace N. J.						
Mother's Maiden Name Lattee B. Wible	Mother's Birthplace N. J.						
Name of person giving Information Glad A. Stewart	How related to deceased Father						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary accident Gun shot	How long A few hours
	Immediate Hemorrhage + Shock	How long hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician John N Davis
		Address Crown City Md
Accident or Suicide?		



Name
in
Full

Plummer Stinchomb

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Masonville</u>		Town	County <u>A. A.</u>	
Date of death <u>1903</u>	Month <u>Sept.</u>	Day <u>10</u>	Age <u>—</u>	Years <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>St. Balto, Md</u>		
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>	<u>105</u>		
Father's Name <u>George Stinchomb</u>	Father's Birthplace <u>N. N. Co. Md.</u>			
Mother's Maiden Name <u>Emma Thomas</u>	Mother's Birthplace <u>Prince George Co. Md.</u>			
Name of person giving information <u>Geo. Stinchomb</u>	How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cholera infantum

How long

2 weeks

Immediate

'Are the name, age, sex, color, date and place correctly given above?

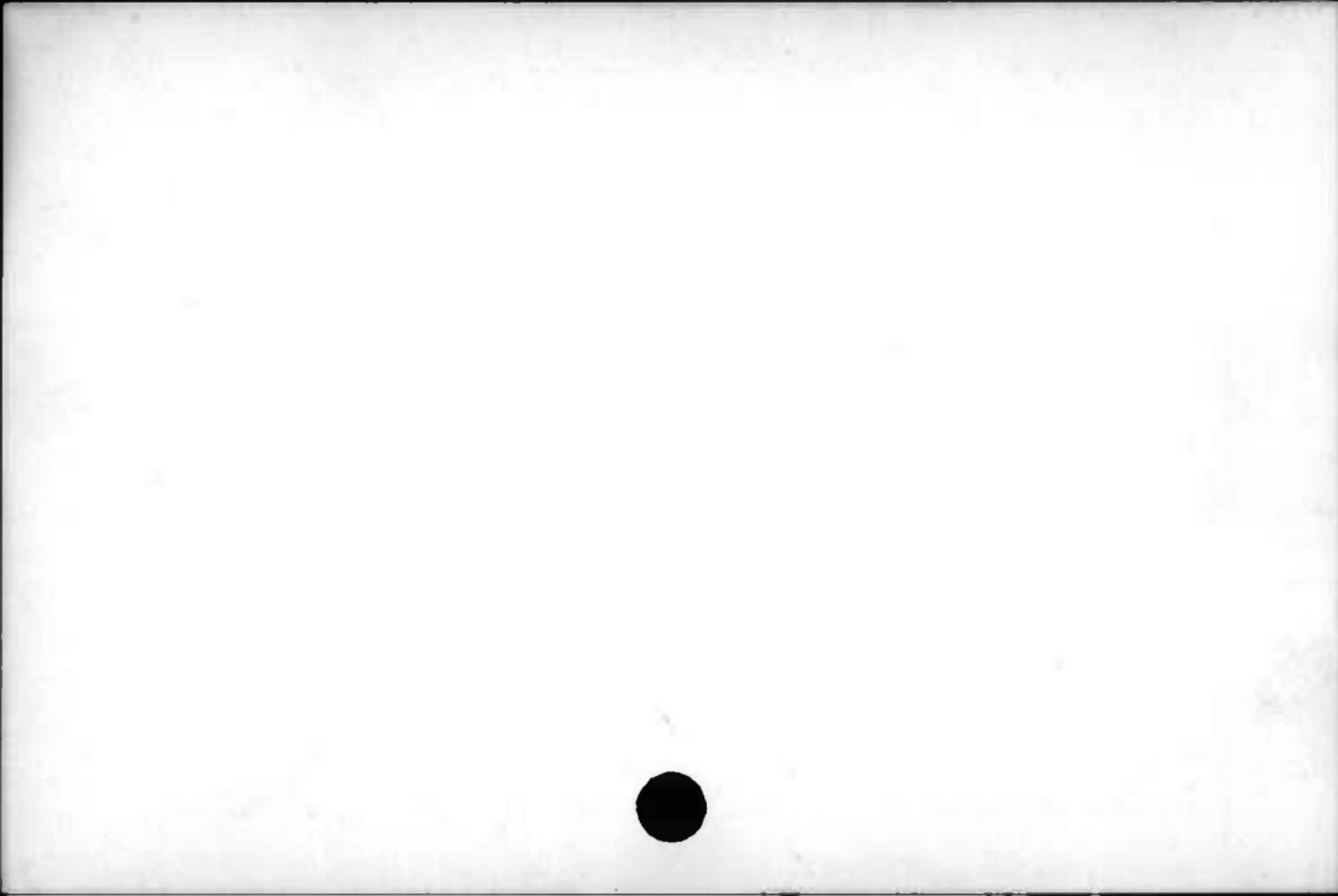
yes

Signature of Physician

Address

J. H. B. Forton Rd.
St. Balto Md

Accident or Suicide?



Name
in
Full

Mary Thompson

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	a.a.	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	42	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Elliott Thompson			
Father's Name	James Dennis				
Mother's Maiden Name	Henrietta Norread				
Name of person giving information	Robt. Thompson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dementia Paralytica

How long

Several Months

Immediate

Exhaustion

How long

Two Months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

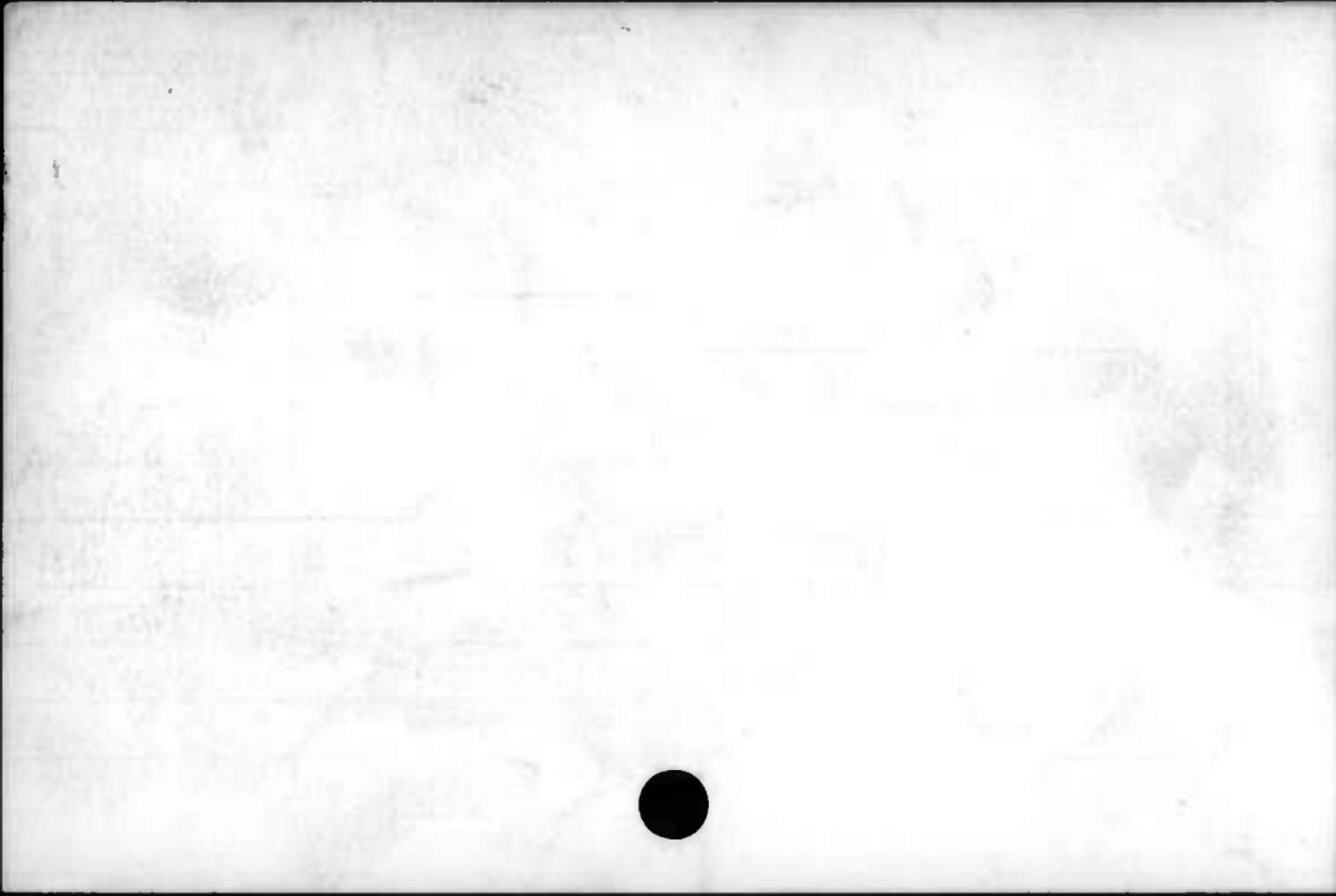
Address

Dr. C. B. Boyd

Shady Side

Md.

Accident or Suicide?



Name
in
Full

Issey, Two stomach

Twodomach

CERTIFICATE OF DEATH

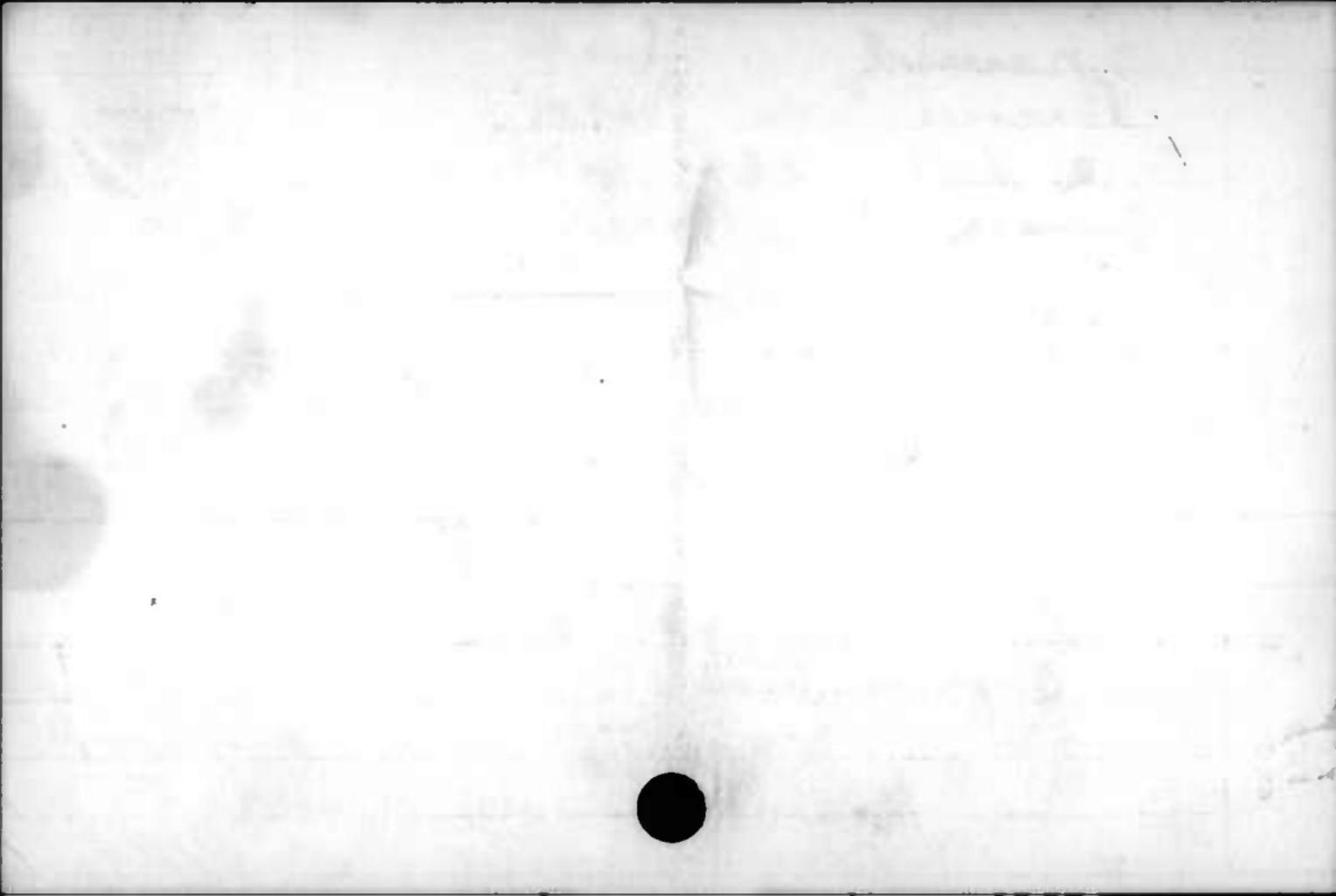
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	aa	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race					
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Dora Krown		Father's Birthplace			
Mother's Maiden Name	Dora Krown 172		Mother's Birthplace			
Name of person giving information	Lily Miller		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Drowned - in Mallay Creek - on Herkert Hammar's Farm	
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		J H Parayshan M.D.
	Address	Glenburnie Oxon Hill Maryland
Accident or Suicide?	Accident	



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Unnamed Infants

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Buccus Chapel		A.A.				
Date of death 1903	Month Sept.	Day 26	Years few hours	Months	Days	
Sex Female	Color or Race	Black				Birth-place A.A.C.O.
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Chas. Williams			19	Father's Birthplace	Md
Mother's Maiden Name	Emma Eager				Mother's Birthplace	Md
Name of person giving information						How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Faulty heart action	How long	3 hrs.
Immediate	Suffocation	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. R. Turner
		Address	Laurel
Accident or Suicide?			Md

